

ASSESSMENT WORKSHEET

(July 1, 2014 through June 30, 2015)

Community: North Hampton
Contact Person & Phone: Chief Dennis Cote
E-mail: dcote@northhampton-nh.gov

PART I. MAINTENANCE OF FACILITIES REQUEST(S)	REP Percentage of Total Cost	14,043.90
Maintenance of facilities (rent, trash removal, electric bills, etc.)	20%	\$ 13,293.90
NOTES:		
SUBTOTAL FOR PART I = \$ 2,808.78		

PART II. PURCHASE OF EQUIPMENT (Identify each piece of equipment separately)	LINE ITEM AMOUNT (\$)
Item:	
Use in REP Activity:	\$ _____
Item:	
Use in REP Activity:	\$ _____
Item:	
Use in REP Activity:	\$ _____
Item:	

mark ✓

Use in REP Activity:	\$ _____
SUBTOTAL FOR PART II = \$ 0	

PART III. EXERCISE, MEETING & TRAINING PARTICIPATION	LINE ITEM AMOUNT (\$)
1. Training for Community REP Program: 1 X \$48.00 X 10 People X 4 Hours = \$ 1920.00 ✓ 1 X \$25.00 X 10 People X 10 Hours = \$2500.00 ✓ # of Trainings \$/Hour # of Individuals	\$ 4,420.00 ✓
Please identify name of Training(s) Expected: RERP 1 and IS-331	
2. Participation at REP-related Workshops/TTX/CFEs/Graded/OOS: 3 X 8 X \$48.00 X 8 # Events # Personnel \$/Hour # Hours/Meeting Per Meetings	\$ 9216.00 ✓
<u>Worksheet for Events:</u> Number of People x Number of Hrs. x \$ ph	
<u>Type of Event:</u> CFE #1 8 8 hrs \$48	\$3072.00 ✓
<u>Type of Event:</u> CFE #2 8 8 hrs \$48	\$3072.00 ✓
<u>Type of Event:</u> Graded 8 8 hrs \$48	\$3072.00 ✓
i. Meeting Participation: 4 x 2 x \$48.00 x 2.5 Hours # of Mtgs. # of People \$ per hour	\$ 960.00 ✓
SUBTOTAL FOR PART III = \$ 14,596.00 ✓	

PART IV. SUPPLIES AND SERVICES:		
Printing / Office Supplies / Consumables		\$ 250.00
Food for Drills		\$ 300.00
SUBTOTAL FOR PART IV = \$550.00		

PART V. PLANNING AND ADMINISTRATION:		
<input checked="" type="checkbox"/> 1 X 100 X \$48		\$4800.00 ✓
# of people	# of hours	\$ per hour
SUBTOTAL FOR PART V = \$ 4800.00		

TOTAL SFY ASSESSMENT REQUEST = \$ 22754.78

REVIEW AND SIGNATURE FORM

Community: North Hampton	
LOCAL COMMUNITY	DATE
Reviewed by: <u><i>Dennis [Signature]</i></u> Emergency Management Director	<u>3 / 15 / 14</u>
Approved by: _____ Authorized Signature	_ / _ / _
NEW HAMPSHIRE HOMELAND SECURITY & EMERGENCY MANAGEMENT	DATE
Reviewed by: _____ Field Representative	_ / _ / _
Approved by: _____	_ / _ / _

Chief, Technological Hazards	
Approved by: _____ Department of Safety – Business Office	_ / _ / _
ASSESSMENT REQUEST STATUS	DATE
Assessment Request received by HSEM	3 / 20 / 14
Assessment Request approved as submitted	_ / _ / _
Assessment Request approved with revisions	_ / _ / _
Revisions: _____ _____	_ / _ / _