

# HSEM TechHazards

**From:** South Hampton <fkozacka@me.com>  
**Sent:** Tuesday, March 15, 2016 10:10 AM  
**To:** HSEM TechHazards  
**Subject:** Supplementary Budget Submission



**Name of Community:**

South Hampton

**Point of Contact Name:**

Fred Kozacka

**Point of Contact Phone:**

(603) 702-5310

**Point of Contact Email:**

[fkozacka@me.com](mailto:fkozacka@me.com)

**Mailing Address:**

PO Box 222  
South Hampton, New Hampshire 03827  
United States  
[Map It](#)

**PART I: Training Plan and Requests**

**Number of Trainings to be entered**

4

**Name of Training**

RADEF

**Date Anticipated**

09/01/2016

**Number of Individuals**

8

**Place of Training**

South Hampton Fire Station / EOC

**Amount Requested**

\$300.00

**Name of Training**

REP 1 - Introduction to Radiological Emergency Preparedness

**Date Anticipated**

11/01/2016

**Number of Individuals**

8

**Place of Training**

South Hampton Fire Station / EOC

**Amount Requested**

\$300.00

**Name of Training**

Local EOC Operations

**Date Anticipated**

01/04/2017

**Number of Individuals**

8

**Place of Training**

South Hampton Fire Station / EOC

**Amount Requested**

\$300.00

**Name of Training**

REP Equipment Training

**Date Anticipated**

05/04/2017

**Number of Individuals**

8

**Place of Training**

South Hampton Fire Station / EOC

**Amount Requested**

\$300.00

**Category I Total**

\$1,200.00

**PART II: Drill and Exercise Participation**

**Number of Drills and Exercises**

2

**Name of Activity**

REP Workshop

**Date Anticipated**

10/04/2016

**Number of Individuals Participating**

8

**Place of Exercise**

South Hampton Fire Station / EOC

**Amount Requested for Drill/Exercise**

\$300.00

**Name of Activity**

REP Tabletop Exercise

**Date Anticipated**

12/01/2016

**Number of Individuals Participating**

8

**Place of Exercise**

South Hampton Fire Staton / EOC

**Amount Requested for Drill/Exercise**

\$300.00

**Category II Total**

\$600.00

**Part III: Equipment Requests**

**List amount of equipment you are requesting**

0

**Category III Total**

\$0.00

**Total Amount Being Requested**

\$1,800.00

I certify that I am authorized to submit this request form on behalf of the town listed on the first page of the form. I also certify that the Emergency Management Director has reviewed and approved this submission.

- I Certify

**Name of Person Submitting Form**

Fred Kozacka

**Title of Person Submitting Form**

Emergency Management Director