

HSEM TechHazards

From: Town of Stratham <DBarr@StrathamNH.gov>
Sent: Tuesday, March 15, 2016 9:42 AM
To: HSEM TechHazards
Subject: Supplementary Budget Submission

Name of Community:

Town of Stratham

Point of Contact Name:

David Barr

Point of Contact Phone:

(603) 793-4763

Point of Contact Email:

DBarr@StrathamNH.gov

Mailing Address:

10 Bunker Hill Ave
Stratham, New Hampshire 03885
United States
[Map It](#)

PART I: Training Plan and Requests

Number of Trainings to be entered

2

Name of Training

RADEF Refresher

Date Anticipated

03/15/2017

Number of Individuals

3

Place of Training

Stratham EOC

Amount Requested

\$315.00

Name of Training

EOC Refresher

Date Anticipated

04/12/2017

Number of Individuals

10

Place of Training

Stratham EOC

Amount Requested

\$1,050.00

Category I Total

\$1,365.00

PART II: Drill and Exercise Participation

Number of Drills and Exercises

2

Name of Activity

Recovery/Re-entry Workshop

Number of Individuals Participating

2

Place of Exercise

TBD

Amount Requested for Drill/Exercise

\$560.00

Name of Activity

Recovery/Re-entry TTX

Number of Individuals Participating

2

Place of Exercise

TBD

Amount Requested for Drill/Exercise

\$560.00

Category II Total

\$1,120.00

Part III: Equipment Requests

List amount of equipment you are requesting

0

Category III Total

\$0.00

Total Amount Being Requested

\$2,485.00

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

David Barr

Title of Person Submitting Form

EMD