



HOMELAND SECURITY EMERGENCY MANAGEMENT

ENSURING SAFETY. PROTECTING COMMUNITIES.

**State of New Hampshire
Department of Safety
Division of Homeland Security and Emergency Management**

FACILITY ASSESSMENT VERIFICATION

NONPROFIT ORGANIZATION & CONTACT PERSON INFORMATION	
Organization Name:	
Street Name/Number:	
City/Town/Zip:	
Contact Person's Name:	
Contact Person's Title:	

FIRST RESPONDER ORGANIZATION & CONTACT PERSON INFORMATION	
Organization Name:	
Contact Person's Name:	
Contact Person's Title:	
Contact Person's Phone:	

Use of this verification form is to document that the non-profit facility completed an assessment outside of the normal assessments offered by local first responders. Recognizing the importance of local first responder participation in facility assessments, this verification form is designed to document that the local first responder agency is aware of the facility assessment that was completed so that the nonprofit organization is eligible to apply for a Nonprofit Security Grant Program (NSGP) grant.

Signature indicates that the facility assessment has been reviewed and discussed with a local first responder representative. Signature does not necessarily indicate agreement or disagreement with the content or results of that facility assessment.

Local First Responder Signature

Date