

RESOLUTION NO: 2010-07

PEMA-DAP -2

DESIGNATION OF AGENT RESOLUTION

FOR: SNOW BLIZZARD ASSISTANCE
(Enter Name of Disaster or Number)

BE IT RESOLVED BY BOARD OF SUPERVISORS **OF** EAST COCALICO TWP
(Governing Body) (Public Entity)

THAT NOELLE B. FORTNA, SECRETARY
(Name of Applicant Agent) (Title)

IS HERBY AUTHORIZED TO EXECUTE FOR AND IN BEHALF OF
EAST COCALICO TWP, LANCASTER County,
(Public Entity) (County)

a public entity established under the laws of the Commonwealth of Pennsylvania, all required forms and documents for the purpose of obtaining financial assistance under the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Law 93-288 as amended by Public Law 100-707).

Passed and approved this 7TH day of APRIL, 2010.

DOUGLAS MACKLEY CHAIRMAN
(Name) (Title) *Douglas Mackley* (Signature)

ALAN R. FRY VICE CHAIRMAN
(Name) (Title) *Alan R. Fry* (Signature)

NOELLE B. FORTNA SECRETARY
(Name) (Title) *Noelle B. Fortna* (Signature)

(Name) (Title) (Signature)

(Name) (Title) (Signature)

CERTIFICATION

I, NOELLE B. FORTNA, duly appointed and SECRETARY
(Name) (Title)

of EAST COCALICO TWP, do hereby certify that the above is a true and correct copy of
(Public Entity)

a resolution passed and approved by the BOARD OF SUPERVISORS
(Governing Body)

of EAST COCALICO TWP on the 7TH day of APRIL, 2010.
(Public Entity)

Noelle B. Fortna TOWNSHIP SECRETARY 4-7-2010
(Signature) (Official Position) (Date)

Commonwealth of Pennsylvania Pennsylvania Electronic Payment Program (PEPP) Enrollment Form

Only the Owner of the Bank Account or an Authorized Company Official may request payments via ACH.

ACTION REQUESTED: (check one) NEW CHANGE STOP

Recipient Information (Please PRINT or TYPE Information)

LANCASTER

Federal Taxpayer
Identification Number

23-6000-306

SAP Vendor Number

138654

Name:

EAST COCALICO TOWNSHIP

If receiving payments from PA Dept of Transportation, identify type of payments to be deposited:

Street Address: 100 HILL ROAD

Or

PO Box:

City: DENVER State: PENNSYLVANIA Zip Code: 17517

Financial Institution Information

Account Type: (check one) CHECKING SAVINGS

Bank Routing Number (9-digit number): 031000503

Bank Account Number: 2100012112486/PLGITCK#5200101

Bank Name: WACHOVIA BANK

Bank Street Address: 123 S. BROAD STREET

Or

PO Box:

City: PHILADELPHIA State: PA Zip Code: 19101 Phone #: 800-572-1472

Please inform your financial institution that you will be having ACH transactions posted to the above account.

Please provide a contact person and phone number for recipient. Please notify Commonwealth of PA, Vendor Data Management at 717-346-2676 (Fax 717-214-0140) if you change your financial institution or account number.

Contact: ELIZABETH DORNEMAN Phone No.: 717-336-1720

	Secretary	4-7-2010
Signature of Account Holder or Authorized Official & Title		Date