

RESOLUTION- R-2012-10

BE IT RESOLVED, by authority of the BOARD OF COMMISSIONERS
(Name of governing body)
of the TOWNSHIP OF HOPEWELL
(Name of Municipality)

BEAVER County, and it is hereby resolved by authority
of the same, that the PRESIDENT OF THE BOARD (NORM KRAUSE)
OF COMMISSIONERS of said Municipality,
(designate official title)
Authority be authorized and directed to sign the attached grant on its
behalf.

ATTEST

Andy Brunette
(Signature and designation
of official title)

ANDY BRUNETTE / MANAGER
Print or type above name and
title

HOPEWELL TOWNSHIP
(Name of Municipality)

By: Norman Krause, Jr.
(Signature and designation
of official title)

NORM KRAUSE / President
Print or type above name and
title

(SEAL)

I, NORM KRAUSE, President / BOARD OF COMMISSIONERS
(Name) (Official title)
of the TOWNSHIP OF HOPEWELL, do hereby certify that
(Name of governing body or municipality)

the foregoing is a true and correct copy of the Resolution adopted at
a regular meeting of the BOARD OF COMMISSIONERS-HOPEWELL,
(Name of governing body)

held the 9th day of JULY, 2012.

DATE: JULY 9th, 2012

Norman Krause, Jr.
(Signature and designation
of official title)

NORM KRAUSE / President
Print or type above name/title

PROJECT DIRECTOR AUTHORIZATION


PROJECT NUMBER: _____
GRANTEE: HOPWELL TOWNSHIP
COUNTY: BEAVER COUNTY
TITLE OF GRANT: BEAVER COUNTY DUF TASK FORCE

*PROJECT DIRECTOR:

NAME: GENE UNGAREAN
TITLE: CHIEF OF POLICE
ADDRESS: 1700 CLARK BLVD
ALIQUIPPA, PA 15001
TELEPHONE: 724 378-0557
FAX: 724 378-9105
EMAIL ADDRESS: CHIEFgu@hopewelltwp.com

*The Project Director designated must be a governmental employee actively involved in the management and administration of the project.

APPROVED BY:

DATE: 7/9/12 SIGNATURE: 
Authorizing Official
Print or type name: NORM KRAUS
PRESIDENT B.C.

If a change in Project Director or Authorizing Official occurs, please call (717) 787-6853 or send written notification to:

Bureau of Highway Safety and Traffic Engineering
Safety Management Division
Commonwealth Keystone Building - 6th Floor, 400 North Street
P.O. Box 2047
Harrisburg, PA 17105-2047

PENNSYLVANIA INTERGOVERNMENTAL RISK MANAGEMENT ASSOCIATION

CERTIFICATE OF COVERAGE

This Certificate is issued as a matter of information only and confers no rights upon the Certificate holder. This Certificate does not amend, extend or alter the coverage afforded by the Risk Sharing Certificate listed below.

NAME & ADDRESS OF MEMBER: Hopewell Township & Hopewell Township Authority, Beaver County
1700 Clark Boulevard, Aliquippa PA 15001

This is to certify that the Legal Defense and Claim Payment Agreement listed below have been issued to the Member named above and is in force at this time. Notwithstanding any requirement, term or condition of any agreement or other document with respect to which this Agreement may be issued or may pertain, the coverage afforded by the Legal Defense and Claim Payment Agreement described herein is subject to all the terms, exclusions and conditions of such Agreement and the Intergovernmental Contract under which it is issued.

TYPE OF COVERAGE	AGREEMENT NO.	EFFECTIVE	LIMIT OF COVERAGE
Legal Liability for Third Party Claims	PA035123722000717	5/1/2012 – 5/1/2013	\$10,000,000 Each Occurrence
General Liability	PA035123722000717	5/1/2012 – 5/1/2013	\$ Incl. In Above \$- 0 -Deductible Each Claim
Automobile Liability	PA035123722000717	5/1/2012 – 5/1/2013	\$ Incl. In Above \$- 0 -Deductible Each Claim
Law Enforcement Operations	PA035123722000717	5/1/2012 – 5/1/2013	\$ Incl. In Above \$- 0 -Deductible Each Claim
Wrongful Acts	PA035123722000717	5/1/2012 – 5/1/2013	\$ Incl. In Above \$- 0 -Deductible Each Claim

RE: Grant Application - Certificate Holder is named Additional Party with respect to Grant application.

CANCELLATION: Should the above described Legal Defense and Claim Payment Agreement be cancelled, the PENNSYLVANIA INTERGOVERNMENTAL RISK MANAGEMENT ASSOCIATION will endeavor to mail **30** days written notice to the below named Certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the Pool.

NAME & ADDRESS OF CERTIFICATE HOLDER:

DATE ISSUED: 5-3-12

Commonwealth of Pennsylvania
2301 North Cameron Street
Harrisburg PA 17110-9408

Michael J. Sutton

Authorized Representative

PENNSYLVANIA INTERGOVERNMENTAL
RISK MANAGEMENT ASSOCIATION
961 Pottstown Pike
Chester Springs, PA 19425