

DESIGNATION OF AGENT

RESOLUTION 04-2006

BE IT RESOLVED Board of Supervisors OF Hamiltonban Township
(Governing Body) (Public Entity)

THAT Jay Edward Deardorff, Road Master
(Name) (Title)

is hereby authorized to execute for and in behalf of

Hamiltonban Township

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 1st day of August, 2006.

James E. Benner James E. Benner Chairman
(Name) (Title)

William E. Eckert, Sr. William E. Eckert, Sr. Vice-chairman
(Name) (Title)

Jay Edward Deardorff Jay Edward Deardorff Road Master
(Name) (Title)

Coleen Reamer Coleen Reamer Police Coordinator
(Name) (Title)

Robert L. Gordon Robert L. Gordon Supervisor
(Name) (Title)

CERTIFICATION

I, LuAnn M. Dille, duly appointed and Secretary/Treasurer
(Name) (Title)

of Hamiltonban Township, 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 Hamiltonban Township on the 1st day of August, 2006.

LuAnn M Dille Secretary/Treasurer 8-1-06
(Signature) (Official Position) (Date)

Commonwealth of Pennsylvania
ELECTRONIC FUNDS TRANSFER (EFT) PAYMENT ENROLLMENT FORM
(For Direct Deposit of Payments to your Financial Institution)

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

ACTION REQUESTED: (check one) NEW CHANGE STOP

Recipient Information (Please PRINT or TYPE Information)

Federal Taxpayer Identification Number

23 600 5168

SAP Vendor Number - (PEMA Use Only)

Name: Hamiltonban Township

Street Address: 23 Carrolls Tract Road

Or
PO Box: P. O. Box 526

City: Fairfield State: PA Zip Code: 17320

Financial Institution Information

Account Type: (check one) CHECKING SAVINGS

Bank Routing Number: 031309945

Bank Account Number: 2240939

Bank Name: Adams County National Bank

Bank Street Address: _____

Or
PO Box: P. O Box 3129

City: Gewtyburg State: PA Zip Code: 17320 Phone # 888-334-2262

Please inform your financial institution that you will be having EFT (direct deposit) transactions posted to the above account.

Recipient please provide a contact person and phone number. Please notify Commonwealth of Pa, Bureau of Financial Management, Central Vendor Management Unit at 717-214-2868 (Fax 717-214-0140) if you change your financial institution or account number; otherwise this information will remain in our database for at least 1 1/2 years after the last payment made to above account number.

Contact: LuAnn M. Dille Phone No.: 717-642-8509

LuAnn M. Dille secretary/treasurer
Signature of Account Holder or Authorized Official & Title Date

001-32200-00

FEDERAL EMERGENCY MANAGEMENT AGENCY
REQUEST FOR PUBLIC ASSISTANCE

O.M.B. No. 3067-0151
Expires April 30, 2001

COPY

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 10 minutes. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the forms. You are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of the forms. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (3067-0151). NOTE: Do not send your completed form to this address.

APPLICANT (Political subdivision or eligible applicant.) **HAMILTONBOW TOWNSHIP** DATE SUBMITTED **7-25-06**

COUNTY (Location of Damages. If located in multiple counties, please indicate.) **Adams**

APPLICANT PHYSICAL LOCATION

STREET ADDRESS **23 Carralls Tract Rd**
CITY **Fair Field** COUNTY **Adams** STATE **PA** ZIP CODE **17320**

MAILING ADDRESS (if different from Physical Location)

STREET ADDRESS **P.O. Box 526**
POST OFFICE BOX **P.O. Box 526** CITY **Fair Field** STATE **PA** ZIP CODE **17320**

Primary Contact/Applicant's Authorized Agent

Alternate Contact

NAME LuAnn M. Dille	NAME Jay Edward Deardorff
TITLE Sec 1 Treas	TITLE Rd Master
BUSINESS PHONE 717-642-8509	BUSINESS PHONE 717-642-5951
FAX NUMBER 717-642-9511	FAX NUMBER 717-642-9511
HOME PHONE (Optional)	HOME PHONE (Optional)
CELL PHONE	CELL PHONE 717-689-0046
E-MAIL ADDRESS hamiltonbow@earthlink.net	E-MAIL ADDRESS
PAGER & PIN NUMBER	PAGER & PIN NUMBER

Did you participate in the Federal/State Preliminary Damage Assessment (PDA)? Yes No

Private Non-Profit Organization? Yes No
If yes, which of the facilities below best describe your organization?

Title 44 CFR, part 206.221(e) defines an eligible private non-profit facility as: "... any private non-profit educational, utility, emergency, medical or custodial care facility, including a facility for the aged or disabled, and other facility providing essential governmental type services to the general public, and such facilities on Indian reservations." "Other essential governmental service facility" means museums, zoos, community centers, libraries, homeless shelters, senior citizen centers, rehabilitation facilities, shelter workshops and facilities which provide health and safety services of a governmental nature. All such facilities must be open to the general public.

Private Non-Profit Organizations must attach copies of their Tax Exemption Certificate and Organization Charter or By-Laws. If your organization is a school or educational facility, please attach information on accreditation or certification.

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COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

PUBLIC DISASTER ASSISTANCE APPLICATION
and
AGREEMENT FOR FINANCIAL ASSISTANCE

NAME OF APPLICANT:	<u>HAMILTONBAN TOWNSHIP</u> <small>(Government or Private Non-Profit Organization)</small>		
COMPLETE MAILING ADDRESS:	<u>P.O. BOX 526</u> <u>23 CARROLLS TRACT Rd</u> <u>FAIRFIELD PA 17320</u>		
TELEPHONE No:	<u>(717) 442-8509</u>	FEDERAL I.D. No:	<u>23 - 400 5168</u>
NAME OF APPLICANT'S AGENT:	<u>JAY Edward Deardorff</u>	COUNTY:	<u>ADAMS</u>
<u>Robbie KAUFFMAN</u>			
PROJECT APPLICATION NUMBER: _____ FEDERAL AGENCY: _____ PBMA 1649-DR			

This document shall constitute the Public Disaster Assistance Agreement between the Commonwealth of Pennsylvania and the above-named Applicant. This document, and all of the terms and conditions contained herein, shall apply to the grant of all disaster assistance funds provided by, or through, the Commonwealth of Pennsylvania, to the Applicant.

The Applicant certifies that:

1. The Applicant's Agent has the legal authority to apply for public disaster assistance on behalf of the Applicant and is authorized to execute all required forms on behalf of the Applicant.
2. The Applicant's elected officials and governing body have been informed of the terms and conditions of this Agreement, which apply to the receipt of federal and state financial assistance.
3. The Applicant agrees to establish and maintain a proper accounting system in accordance with generally accepted accounting standards to record disaster related expenditures.
4. The Applicant agrees to use the disaster assistance funds solely for the purposes for which the funds are approved and provided by the federal government and the Commonwealth.
5. The Applicant agrees to complete all approved work items within the time limits that are established by the Governor's Authorized Representative or the federal government.
6. The Applicant agrees to hold the Commonwealth harmless from any and all claims, demands, lawsuits or other causes of action based upon or arising out of any activities performed by its employees, agents, representatives or independent contractors and subcontractors that involve public disaster assistance projects and work related activities that are funded either directly or indirectly by the Commonwealth.

7. The Applicant agrees to comply with all applicable federal, state, and local procurement laws, regulations or directives.
8. The Applicant agrees to establish internal personnel safeguards which will prohibit employees from using their positions for a purpose that creates, or gives the appearance of creating, a desire for private gain for themselves or for others, particularly those persons who have a family, business, or other tie to the employee.
9. The Applicant agrees to comply with all applicable building codes and other standards in completing all eligible projects that involve the repair or replacement of public facilities.
10. The Applicant agrees that it will not enter into any cost plus-percentage-of-cost contracts for the completion of any disaster restoration or repair work projects.
11. The Applicant agrees that it will not enter into any contract for which payment to the contractor is contingent upon receipt of federal or state funds.
12. The Applicant agrees that it will not enter into any contract with any party that has been debarred or suspended from either contracting with or participating in any federal or Commonwealth assistance programs.
13. The Applicant agrees to give federal and state agencies, as designated by the Governor's Authorized Representative, access to, and the right to examine, all records and documents that are related to the public disaster assistance grant.
14. The Applicant agrees to submit all periodic program and financial reports that are required by the Commonwealth to the appropriate state agency.
15. The Applicant agrees to comply with the flood insurance purchase requirements of the Flood Disaster Protection Act, 42 U.S.C. § 4001 et seq.
16. The Applicant agrees to comply with the requirements of the National Environmental Policy Act, as amended, 42 U.S.C. §§ 4321 - 4335, and the regulations contained in 44 CFR Part 10.
17. The Applicant agrees to comply with the requirements of the Clean Water Act, as amended, 33 U.S.C. §§ 1251 - 1387.
18. The Applicant agrees to comply with the requirements of the Clean Air Act, as amended, 42 U.S.C. §§ 7401 - 7642.
19. The Applicant agrees to comply with the requirements of the Resource Conservation and Recovery Act, 42 U.S.C. § 6901 et seq.

20. The Applicant agrees to comply with the requirements of the Endangered Species Act, as amended, 7 U.S.C. § 136 et seq., 16 U.S.C. § 460 et seq.
21. The Applicant agrees to comply with the requirements of the National Historic Preservation Act, 16 U.S.C. § 470 et seq., and the applicable regulations found at 36 CFR Part 800 and 44 CFR Part 208.
22. The Applicant agrees to comply with the requirements of the Federal Emergency Management Agency's disaster assistance regulations contained in 44 CFR Part 206.
23. The Applicant agrees to comply with those provisions of the Hatch Act, which limit the political activities of public employees.
24. The Grantee acknowledges that all funds received are subject to audit by federal or state agencies. The Grantee agrees to comply with the Single Audit Act Amendments, 31 U.S.C. § 7501 et seq., as promulgated by Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments and Nonprofit Organizations", and any amendments to these regulations or circular. The Grantee agrees to comply with the audit requirements as set forth in the Audit Clause, which is attached as Attachment A and incorporated herein. The Commonwealth reserves the right for federal and state agencies to perform additional audits or program reviews.
25. The Applicant agrees to comply with the Commonwealth's Standard Contract Terms and Conditions for Services, which are attached as Attachment B and incorporated herein.
26. The Applicant agrees to comply with provisions of the Drug-Free Workplace Act.
27. The Applicant certifies that it will not use any federal funds for lobbying and will disclose the use of non-federal funds for lobbying by filing any documentation and/or forms that are required by either the federal government or the Commonwealth.
28. The Applicant certifies that the federal and state disaster assistance requested through the submission of this application does not and will not duplicate any financial assistance or cost reimbursement received for the same disaster cost or loss under any other program or from insurance or any other source.
29. The Applicant agrees to retain all cost-supporting records and documentation for a period of *three years* from the date that it receives its final public disaster assistance payment from the Commonwealth or the final audit of its financial records is completed, whichever is later.
30. The Applicant certifies that it is in full compliance with all provisions of Pennsylvania's Flood Plain Management Act (32 P.S. § 679.101 et seq.) and Pennsylvania's Storm Water Management Act (32 P.S. § 680.1 et seq.) that apply to the applicant.

31. THE APPLICANT CERTIFIES THAT ALL COSTS CLAIMED UNDER THIS APPLICATION ARE FOR ACTUAL COSTS INCURRED BY THE APPLICANT IN THE PERFORMANCE OF AUTHORIZED WORK AS DEFINED IN THE ELIGIBILITY CRITERIA ESTABLISHED BY THE FEDERAL EMERGENCY MANAGEMENT AGENCY.
32. The Applicant agrees to return to the Commonwealth, within thirty (30) days of written request by the Governor's Authorized Representative, all funds advanced which are not supported by audit or other federal or state review of documentation maintained by the Applicant. IF THE APPLICANT FAILS TO REFUND THE MONIES, THE COMMONWEALTH RESERVES THE RIGHT TO OFFSET THE AMOUNT DUE AGAINST ANY EXISTING OR FUTURE SUMS OF MONEY OWED THE APPLICANT BY ANY COMMONWEALTH AGENCY OR DEPARTMENT.

IN WITNESS WHEREOF, the parties to this Public Disaster Assistance Application and Agreement for Financial Assistance have executed this document through their respective duly authorized officers with the intention of being legally bound thereby, as of the date written below.

ATTEST:

By: 
Witness Signature for AA

Name: Robbie L. KUFFMAN

Title: Road crew

APPLICANT:

Name of Applicant: Hamorton Township
(Government or Private Non-Profit Organization)

By: 
Signature

Typed Name: JAY Edward Dearloff
Applicant's Agent

Date: 8-1-06

ATTEST:

By: 
Witness Signature for GAR

Name: Beth Vallier

COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

By: 
Signature

Typed Name: mimi mystkiewicz
Governor's Authorized Representative (GAR)

Date: 8/3/06

AUDIT CLAUSE

AUDIT REQUIREMENTS

The subrecipient must comply with all federal and state audit requirements including: the *Single Audit Act, as amended, 31 U. S. C. 7501 et seq.*; *Office of Management and Budget (OMB) Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations*, as amended; and any other applicable law or regulation and any amendment to such other applicable law or regulation which may be enacted or promulgated by the federal government.

If the subrecipient is a local government or non-profit organization and expends total federal awards of \$500,000 or more during its fiscal year, received either directly from the federal government or indirectly from a recipient of federal funds, the subrecipient is required to have an audit made in accordance with the provisions of OMB Circular A-133.

If the subrecipient expends total federal awards of less than \$500,000 during its fiscal year, it is exempt from these audit requirements, but is required to maintain auditable records of federal awards and any state funds which supplement such awards, and to provide access to such records by federal and state agencies or their designees.

SUBMISSION OF AUDIT INFORMATION TO THE COMMONWEALTH

The subrecipient shall submit copies of the audit report package to the Commonwealth, which shall include:

1. Data Collection Form.
2. Financial statements and schedule of expenditures of federal awards.
3. Auditor's reports on the financial statements and schedule of expenditures of federal awards, internal control and compliance as well as a schedule of findings and questioned costs.
4. Summary schedule of prior audit findings.
5. Corrective action plan.
6. Management letter comments.

The number of copies to be submitted shall equal one for the Bureau of Audits (archival copy) plus one for each Commonwealth agency which provided federal pass-through awards to the entity, as reflected in the entity's Schedule of Expenditures of Federal Awards. The audit report package should be submitted to the:

Office of the Budget/Bureau of Audits
Division of Sub-Recipient Audit Review
VERIZON Tower - 6th Floor
303 Walnut Street
Harrisburg, PA 17101
PHONE: (717) 783-9120
Fax: (717) 783-0361

Audit Requirements

(CONTINUED)

In instances where a federal program-specific audit guide is available, the audit report package for a program-specific audit may be different and should be prepared in accordance with the audit guide and OMB Circular A-133.

GENERAL AUDIT PROVISIONS

The subrecipient is responsible for obtaining the necessary audit and securing the services of a certified public accountant or other independent governmental auditor. Federal regulations preclude public accountants licensed in the Commonwealth of Pennsylvania from performing audits of federal awards.

The Commonwealth reserves the right for federal and state agencies or their authorized representatives to perform additional audits of a financial or performance nature, if deemed necessary by Commonwealth or federal agencies. Any such additional audit work will rely on work already performed by the sub-recipient's auditor, and the costs for any additional work performed by the federal or state agencies will be borne by those agencies at no additional expense to the subrecipient.

Audit working papers and audit reports shall be retained by the sub-recipient's auditor for a minimum of three years from the date of issuance of the audit report, unless the sub-recipient's auditor is notified in writing by the Commonwealth or the cognizant or oversight federal agency to extend the retention period. Audit working papers shall be made available upon request to authorized representatives of the Commonwealth, the cognizant or oversight agency, the federal funding agency, or the General Accounting Office.

2801 Valley Road
Harrisburg PA 17110
Fax: 717-526-7014

**PA Emergency
Management Agency**

Fax

To: LuAnn Dille **From:** Beth Vallier
Fax: 717-642-9511 **Date:** August 11, 2006
Phone: **Pages:** 10 including cover
Re: As requested **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Any questions, please give me a call

Thanks

Beth Vallier
Pennsylvania Emergency Management Agency
2605 Interstate Drive
Harrisburg, PA 17110
(717) 526-7251