

RESOLUTION

BE IT RESOLVED, by authority of the Board of Commissioners
(Name of governing body)

_____ of the Hatfield Township,
(Name of Municipality)

Montgomery County, and it is hereby resolved by authority

of the same, that the Township Manager of said Municipality,
(designate official title)

Authority be authorized and directed to sign the attached grant on its
behalf.

ATTEST

Hatfield Township
(Name of Municipality)

(Signature and designation
of official title)

By: 
(Signature and designation
of official title)

Print or type above name and
title

Aaron Bibro Township Manager
Print or type above name and
title

(SEAL)

I, _____,
(Name) _____
(Official title)
of the _____,
(Name of governing body or municipality)

the foregoing is a true and correct copy of the Resolution adopted at
a regular meeting of the _____,
(Name of governing body)

held the _____ day of _____, 20 .

DATE: _____, 20

(Signature and designation
of official title)

Print or type above name/title

PROJECT DIRECTOR AUTHORIZATION

PROJECT NUMBER: IDP-2015- Hatfield-00032
GRANTEE: Hatfield Township Police Department
COUNTY: Montgomery
TITLE OF GRANT: North Penn DUI Task Force

*PROJECT DIRECTOR:

NAME: Det. Thomas Starner
TITLE: Detective
ADDRESS: 2000 School Road
Hatfield, PA 19440
TELEPHONE: (215) 855-0903
FAX: (215) 855-2589
EMAIL ADDRESS: tstarner@hatfield-township.org

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

APPROVED BY:

DATE: _____ SIGNATURE: _____

Authorizing Official

Print or type name: _____

If a change in Project Director or Authorizing Official occurs, please call (717) 783-4577 or send written notification to:

Bureau of Maintenance and Operations
Program Services Unit
Commonwealth Keystone Building
400 North Street, 6th Floor
Harrisburg, PA 17120