

RESOLUTION

BE IT RESOLVED, by authority of the Board of
(Name of governing body)
Commissioners 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, Aaron Bibro, Township Manager
(Name) (Official title)
of the Hatfield Township, 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,
(Name of governing body)

held the _____ day of _____, 2015.

DATE: _____, 2015

(Signature and designation
of official title)

Aaron Bibro, Township Manager
Print or type above name/title

PROJECT DIRECTOR AUTHORIZATION

PROJECT NUMBER: IDP-2016-Hatfield-00009
GRANTEE: Hatfield Township
COUNTY: Montgomery
TITLE OF GRANT: North Penn Area DUI Task Force Grant

***PROJECT DIRECTOR:**

NAME: Michael Sloan
TITLE: Corporal
ADDRESS: 2000 School Road
Hatfield, PA 19440
TELEPHONE: (215) 855-0903
FAX: (215) 855-2589
EMAIL ADDRESS: msloan@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) 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

RESOLUTION

BE IT RESOLVED, by authority of the _____
(Name of governing body)
_____ of the _____,
(Name of Municipality)
_____ County, and it is hereby resolved by authority
of the same, that the _____ of said Municipality,
(designate official title)
Authority be authorized and directed to sign the attached grant on its
behalf.

ATTEST

(Name of Municipality)

(Signature and designation
of official title)

By: _____
(Signature and designation
of official title)

Print or type above name and
title

Print or type above name and
title

(SEAL)

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

held the _____ day of _____, 20 .

DATE: _____, 20

(Signature and designation
of official title)

Print or type above name/title