

PEMA-DAP -2

DESIGNATION OF AGENT RESOLUTION

FOR: City of Coatesville
(Enter Name of Disaster or Number)

BE IT RESOLVED BY City Council OF City of Coatesville
(Governing Body) (Public Entity)

THAT Michael T. Trio, AICP, City Manager
(Name of Applicant Agent) (Title)

IS HEREBY AUTHORIZED TO EXECUTE FOR AND IN BEHALF OF
City of Coatesville, Chester 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 23 day of January, 20 17.

C. Arvilla Hunt Council President
(Name) (Title) (Signature)

Ingrid W. Jones Council Vice Pres.
(Name) (Title) (Signature)

Carmen Green Council Member
(Name) (Title) (Signature)

Joseph Hamrick Council Member
(Name) (Title) (Signature)

Linda Lavender-Norris Council Member
(Name) (Title) (Signature)

Marie Lawson Council Member
Edward Simpson Council Member
(Name) (Title) (Signature)

CERTIFICATION

I, Michael, T. Trio, AICP, City Manager
(Name) (Title)

of City of Coatesville, do hereby certify that the above is a true and correct copy of
(Public Entity)

a resolution passed and approved by the City Council
(Governing Body)

of City of Coatesville on the 23 day of January 20 17
(Public Entity)

(Signature) City Manager 1-23-2017
(Official Position) (Date)

**COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY**

**PUBLIC DISASTER ASSISTANCE APPLICATION  
and  
AGREEMENT FOR FINANCIAL ASSISTANCE**

NAME OF APPLICANT:	City of Coatesville		
COMPLETE MAILING ADDRESS:	1 City Hall Place Coatesville, PA 19320		
	, Pennsylvania,		
COUNTY:	Chester	TELEPHONE No:	(610)-384-0300
		FEDERAL EIN:	23-6001903
APPLICANT'S AGENT NAME:	Michael T. Trio	EMAIL:	mtrio@coatesville.org

PROJECT APPLICATION NUMBER:	FEMA -	- DR - PA -	-	-
	(ASSIGNED BY PEMA)			

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. Time limits for project completion begin with the date of the disaster declaration, unless appropriate time extensions are requested and granted by the Pennsylvania Emergency Management Agency (PEMA) and the Federal Emergency Management Agency (FEMA). Debris Clearance (Category A) and Emergency Protective Measures (Category B) must be completed within six months; Permanent Work (Categories C through G) are to be completed within 18 months.

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: [Signature]  
Witness Signature for Applicant's Agent

Name: Ruthann Mowday

Title: Executive Assistant

APPLICANT:

Name of Applicant: City of Coatesville  
(Government or Private Non-Profit Organization)

By: [Signature]  
Applicant's Agent Signature

Typed Name: Michael T. Trio  
Applicant's Agent

Date: January 23, 2017

ATTEST:

COMMONWEALTH OF PENNSYLVANIA  
PENNSYLVANIA EMERGENCY MANAGEMENT AGENCY

By: \_\_\_\_\_  
Witness Signature for Governor's Authorized Representative

By: \_\_\_\_\_  
Governor's Authorized Representative Signature

Name: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**-THIS PAGE REQUIRES SIGNATURES-**

**(Sign in ink and submit original to PEMA)**