

Resolution 2017-21

BE IT RESOLVED, by authority of the **Board of Commissioners** of the **Township of Hopewell, Beaver** County, and it is hereby resolved by authority of the same, that the **Township Manager** of _____ (Designate official title) said Municipality, Authority be authorized and directed to sign the attached grant on its behalf.

ATTEST

Hopewell Township

(Name of Municipality)

Rich Bufalini
(Signature and designation of official title)

Rich Bufalini / President
(Print or type above name and title)

By:

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

Norman Kraus, Jr. Twp. Mgr
(Print or type above title)

SEAL

Barbara D. Swearingen CPA
(Name)

Controller
(Official Title)

of the Township of Hopewell, do hereby certify that the foregoing is a true and correct copy of the Resolution adopted at a workshop meeting of the Hopewell Township Board of Commissioners held the 14th of August, 2017.

DATE: August 14th, 2017

Barbara D. Swearingen CPA Controller
(Signature and designation of official title)

BARBARA D. SWEARINGEN CPA
(Print or type above name and title)

PROJECT DIRECTOR AUTHORIZATION

PROJECT NUMBER: IDP-2017-Hopewell Twp. _____

GRANTEE: Hopewell Township _____

COUNTY: Beaver _____

TITLE OF GRANT: Impaired Driving Grant _____

***PROJECT DIRECTOR:**

NAME: Greg Durkos _____

TITLE: Detective/Hopewell Twp. Police Dept. _____

ADDRESS: 1700 Clark Blvd. _____

Aliquippa, PA 15001 _____

TELEPHONE: 724-378-0555 ext. 114 _____

FAX: 724-378-9105 _____

EMAIL ADDRESS: gregdurkos@hopewelltp.com _____

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

APPROVED BY:

DATE: August 14th, 2017 SIGNATURE:


(Authorizing Official)

Print or Type Name: Norman Kraus, Jr.

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



Certificate No.: 5
Member Number: 717

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 coverage document(s) 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 coverage document(s) listed below have been issued to the Member named above and are in force at this time. Notwithstanding any requirement, term or condition of any agreement or other document with respect to which this Certificate may be issued or may pertain, the coverage(s) afforded is subject to all the terms, exclusions and conditions of the Coverage Agreement(s).

TYPE OF COVERAGE	EFFECTIVE DATE	EXPIRATION DATE	LIMIT OF COVERAGE
General Liability	05/01/2017	05/01/2018	\$1,000,000/ \$250,000 per person

CANCELLATION: Should the above described coverage document(s) 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.

SPECIAL CONDITIONS/OTHER COVERAGES: POLICY #B0717PC - Certificate Holder is added as Additional Party with respect to a DUI Grant. Limit \$1,000,000 BI (including death/property damage) \$250,000 per person

DATE ISSUED: 07/25/2017



Authorized Representative

NAME & ADDRESS OF CERTIFICATE HOLDER:

Department of Transportation
Commonwealth of Pennsylvania
400 North Street
Harrisburg, PA 17120

**MUNICIPAL RISK MANAGEMENT
WORKERS' COMPENSATION POOLED TRUST
CERTIFICATE OF PARTICIPATION**



This is to certify that: **HOPEWELL TOWNSHIP**
Trust Membership Number: **MRM-155-1617**

is a member of the *Municipal Risk Management Workers' Compensation Pooled Trust*, effective 12:01 a.m., Eastern Standard Time, on October 1st, 2016.

The Specific Excess Insurance under this Certificate provides the following coverage for each occurrence:

WORKERS' COMPENSATION	STATUTORY
Employer's Liability:	\$ 2,000,000
Retention:	\$ 750,000
State of Operations:	Pennsylvania

Excess insurance coverage is issued in the name of the Trust by **Safety National Casualty Corp.** under **Policy #SP-4053630** with a term of October 1st, 2016, to September 30th, 2017. The terms and conditions of the coverage are contained in the policy which is maintained at the office of **Municipal Risk Management Workers' Compensation Pooled Trust**. This document is for informational purposes only. See policy for actual interpretation.

MUNICIPAL RISK MANAGEMENT WORKERS' COMPENSATION POOLED TRUST

By *Marlene Stone*
Secretary

Norm Kraus

From: Greg Durkos <gregdurkos@hopewelltwp.com>
Sent: Thursday, July 20, 2017 3:41 PM
To: Norm Kraus
Subject: Re: Impaired Driving Grant

Ok thanks

Sent from my iPhone

On Jul 20, 2017, at 1:09 PM, Norm Kraus <manager@hopewelltwp.com> wrote:

Greg

I'm on vacation till Monday. I'll look into the resolution when I get back in the office and get it on the August 14th workshop agenda.

Norm

Sent from my iPhone

On Jul 20, 2017, at 10:01 AM, <gregdurkos@hopewelltwp.com>
<gregdurkos@hopewelltwp.com> wrote:

Norm,

I'm writing the proposal for the Impaired Driving Grant for 2018. I will need the resolution as administrator and the insurance papers that were sent last year. I'm not sure on the deadline for the proposal and waiting for the response.

Thanks

Det. Greg Durkos
Hopewell Twp. Police Dept.
1700 Clark Blvd.
Aliquippa, PA 15001
(724) 378-0555 Ext. 114

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