

**RESOLUTION #2020-018**

PEMA-DAP -1

**DESIGNATION OF AGENT RESOLUTION**

**FOR:** COVID 19  
(Enter Name of Disaster or Number)

**BE IT RESOLVED BY** Board of Supervisors **OF** Hilltown Township  
(Governing Body) (Public Entity)

**THAT** Lorraine E. Leslie, Township Manager  
(Name of Applicant Agent) (Title)

**IS HEREBY AUTHORIZED TO EXECUTE FOR AND IN BEHALF OF**  
Hilltown Township, Bucks 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 28th day of September, 2020.

John B. McIlhinney Chairman [Signature]  
(Name) (Title) (Signature)

James C. Groff Vice-Chairman [Signature]  
(Name) (Title) (Signature)

Caleb J. Torrice Supervisor [Signature]  
(Name) (Title) (Signature)

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(Name) (Title) (Signature)

\_\_\_\_\_  
(Name) (Title) (Signature)

**CERTIFICATION**

I, Lorraine E. Leslie, duly appointed and Township Manager  
(Name) (Title)

of Hilltown 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 Hilltown Township on the 28th day of September 2020.  
(Public Entity)

[Signature] Township Manager 09/28/2020  
(Signature) (Official Position) (Date)