

DCNR-2014-C2P2-16	Application Information (*Indicates required information)	
Applicant Legal Name:* Willistown Township		Web Application ID:* 1008395
Project Title:* Daylesford Abbey Lot 1 Acquisition		

WHEREAS, Willistown Township

("Applicant") desires to undertake the following project

Daylesford Abbey Lot 1 Acquisition; and
(Project Title)

WHEREAS, the applicant desires to receive from the Department of Conservation and Natural Resources ("Department") a grant for the purpose of carrying out this project; and

WHEREAS, the application package includes a document entitled "Terms and Conditions of Grant" and a document entitled "**Grant Agreement Signature Page**"; and

WHEREAS, the applicant understands that the contents of the document entitled "Terms and Conditions of Grant," including appendices referred to therein, will become the terms and conditions of a Grant Agreement between the applicant and the Department **if the applicant is awarded a grant**; and

NOW THEREFORE, it is resolved that:

1. The "**Grant Agreement Signature Page**" may be signed on behalf of the applicant by the Official who, at the time of signing, has **TITLE** of Chairman of the Board of Supervisors.
2. If this Official signed the "**Grant Agreement Signature Page**" prior to the passage of this Resolution, this grant of authority applies retroactively to the date of signing.
3. If the applicant is awarded a grant, the "**Grant Agreement Signature Page**", signed by the above Official, will become the applicant/grantee's **executed** signature page for the Grant Agreement, and the applicant/grantee will be bound by the Grant Agreement.
4. Any amendment to the Grant Agreement may be signed on behalf of the grantee by the Official who, at the time of signing of the amendment, has the **TITLE** specified in paragraph 1 and the grantee will be bound by the amendment.

I hereby certify that this Resolution was adopted by the

Willistown Township Board of Supervisors
(identify the governing body of the applicant, e.g. city council, borough council, board of supervisors, board of directors)

of the applicant this 14th day of April, 2014.

Secretary (Signature of the Secretary of the governing body)

DCNR USE ONLY

Project Number: _____

DCNR-2014-C2P2-17	Application Information (*Indicates required information)	
Applicant Legal Name:* Willistown Township	Web Application ID:* 1008395	
Project Title:* Daylesford Abbey Lot 1 Acquisition		

Legal Name of Applicant/Grantee

Willistown Township

Federal Employer Identification No. 23-6000606

WITNESS:

GRANTEE:

Original Signature

Original Signature

DATE: 4/14/2014

Robert T. Lange
(typed or printed)

TITLE: CHAIRMAN OF THE BOARD OF SUPERVISORS

DATE: 4/14/2014

DCNR USE ONLY

Project Number: _____

Legal Name of Applicant/Grantee

_____ #1

Legal name of the applicant/grantee. This must match the name on the grant application under Applicant Information.

Federal Employer Identification No. _____ #2

Record the organization's Federal ID number. *(This is a nine-digit number used to report withholdings to the Internal Revenue Service. DCNR uses this number solely as an applicant identifier).* This information **must** be provided.

The official signing for the grantee must be the person holding the title in #10 on the **resolution page**. This must be an **original signature**.

WITNESS:

_____ #3
Original Signature

DATE: _____ #4

Signature of the Witness must be an original and must be applied **at the same time the person signing for the grantee applies their signature**.

The Witness and Grantee **dates must match**.

GRANTEE:

_____ #5
Original Signature

_____ #6
(typed or printed)

The **typed or printed** name of the official signing for the grantee.

TITLE: _____ #7

DATE: _____ #4

The title of the official **must match the title in #10 on the Resolution Page**.

DCNR USE ONLY

Project Number: _____