

DESIGNATION OF AGENT RESOLUTION

FOR: DR4506
(Enter Name of Disaster or Number)

BE IT RESOLVED BY Borough Council OF Media
(Governing Body) (Public Entity)

THAT Mark Paikoff, President, Borough Council
(Name of Applicant Agent) (Title)

IS HEREBY AUTHORIZED TO EXECUTE FOR AND IN BEHALF OF

Media, **Delaware** 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 16th day of May, 2024.


MARK PAIKOFF, COUNCIL PRESIDENT, Mark Paikoff


ELIZABETH ROMAINE, COUNCIL VICE PRESIDENT
(Name) (Signature)


JOI WASHINGTON
(Name)


COUNCILPERSON
(Title)

JOI WASHINGTON
(Signature)

KEVIN BOYER, COUNCILPERSON, 
(Name) (Title) (Signature)

LISA GELMAN, COUNCILPERSON, 
(Name) (Title) (Signature)

TRAY HERMAN, COUNCILPERSON, 
(Name) (Title) (Signature)

JEN MALKOUN, COUNCILPERSON, 
(Name) (Title) (Signature)

CERTIFICATION

I, Mark Paikoff, duly appointed and Council President
(Name) (Title)

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

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

of Media on the 16th day of May 2024
(Public Entity)

Council President 05/16/2024
(Official Position) (Date)

Commonwealth of Pennsylvania
Pennsylvania Emergency Management Agency

COMPLETED SMALL PROJECT LISTING and CLAIM FOR REIMBURSEMENT and FINAL SUMMARY

Applicant:
Media Borough
County:
Delaware

FEMA ID No:
045-48480-00
Declaration No:
4506

I Certify:

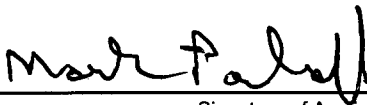
That all expenditures listed below are correct and cover only services performed or materials used exclusively in the completion of work as authorized in the approved Project Worksheets.

That all work authorized in the approved Project Worksheets was completed and all essential services resumed within the time limits established by the Governor's Authorized Representative.

Those salaries, wages and overtime payments claimed are in accordance with the applicant's policy as established prior to the disaster.

That the actual cost incurred and claimed is the net cost after deduction for insurance proceeds, salvage value, donations, and other outside sources.

That all obligations incurred by the applicant, as listed below, have been paid in full.



Signature of Applicant's Agent

Mark Paikoff

5-16-24

Date

Category	Project Worksheet (PW) No.	Description of Work/Documentation Show work location and completion date. Provide a detailed breakout of labor, equipment, materials, and outside contract/ vendor services, insurance proceeds etc.	Breakout of Costs	PW Approved Amount	Net Actual Cost Incurred (Claim) PW Total
B	930 (0)			\$4,532.51	
Description of Work/Documentation					
Work completed and fully documented					
Uploaded in Grants Portal					

Commonwealth of Pennsylvania
Pennsylvania Emergency Management Agency

COMPLETED SMALL PROJECT LISTING and CLAIM FOR REIMBURSEMENT and FINAL SUMMARY

FINAL SUMMARY
(By Category)

Category	PW	Approved Amount	Claimed Amount
B	930 (0)	\$4,532.51	
Total	1	\$4,532.51	

APPLICANT'S AGENT - Please check the appropriate blocks below.

☐ The payment(s) in the amount of \$4,079.26 have been received. The approved amount is satisfactory, and no additional funding is requested. Please closeout this subgrant.

OR

☐ The payment(s) in the amount of \$4,079.26 have been received. The actual cost to complete the approved work exceeded the approved amount and additional funding are requested.



Signature of Applicant's Agent
Mark Paikoff

5-16-24

Date

Commonwealth of Pennsylvania
Pennsylvania Emergency Management Agency

COMPLETED SMALL PROJECT LISTING and CLAIM FOR REIMBURSEMENT and FINAL SUMMARY

**INSTRUCTIONS TO COMPLETE THE DAP-12 COMPLETED PROJECT LISTING and
CLAIM FOR REIMBURSEMENT**

1. **APPLICANT**- The name of the municipal body or organization that is filing this claim.
2. **COUNTY** – The name of the County this municipal body or organization is located in.
3. **FEMA I.D. No.** – The FIPS number uniquely assigned to each applicant.
4. **DECLARATION No.** – The disaster number assigned by FEMA
5. **SIGNATURE OF APPLICANT'S AGENT** – This must be the same name found on the DAP-1
6. **DATE** – Enter the date this document is signed.

**All Small Projects shall be included on one DAP-12.
Large Projects shall be on a separate DAP-12**

7. **CATEGORY** – Enter the damage category found on the Project Worksheet A, B, C, D, E, F, or G
8. **PROJECT WORKSHEET (PW) No.** – Found on the Project Worksheet.
9. **DESCRIPTION OF WORK/DOCUMENTATION** –
10. **BREAKOUT OF COST** – Total project cost from your records (invoices, payroll, ETC)
11. **PW AMOUNT APPROVED** – Total amount shown on the Project Worksheet.
12. **NET ACTUAL COST INCURRED** – Total amount of Actual cost..
13. **ENTER THE AMOUNT RECEIVED** – The payment(s) you received equal the total claimed amount.
14. **CHECK THIS BOX IF** - The actual cost to complete the approved work is satisfactory and no additional funding is required.
15. **CHECK THIS BOX IF** - The actual cost to complete the approved work exceeded the approved amount and you wish to file an appeal for the additional funds.

Mail the completed document(s) to:
PEMA, Public Assistance Office
1310 Elmerton Avenue,
Harrisburg PA 17110