

RESOLUTION

61107-4

BE IT RESOLVED, by authority of the BOROUGH COUNCIL  
(Name of governing body)  
of the BOROUGH OF GETTYSBURG, ADAMS County,  
(Name of Municipality)  
and it is hereby resolved by authority of the same, that the COUNCIL PRESIDENT  
(designate official title)  
of said Municipality be authorized and directed to sign the attached Agreement on its behalf and  
that the COUNCIL PRESIDENT be authorized to attest the same.  
(designate official title)

ATTEST:

Sara L. Stull  
(Signature and designation of  
official title)  
Borough Secretary

BOROUGH OF GETTYSBURG  
(Name of Municipality)

BY: [Signature]  
(Signature and designation of official title)

I, SARA L. STULL, BOROUGH SECRETARY  
(Name) (Official title)  
of the BOROUGH OF GETTYSBURG, do hereby certify that the  
(Name of governing body and Municipality)  
foregoing is a true and correct copy of the Resolution adopted at a regular meeting of the  
BOROUGH COUNCIL, held the 11TH day of JUNE, 2007.  
(Name of governing body)

DATE: 6/11/07

(Signature and designation of official title)

Sara L. Stull  
Borough Secretary

GETTYSBURG AREA TRAFFIC SIGNAL ENHANCEMENT AND  
INTELLIGENT TRANSPORTATION SYSTEMS (ITS)

IN WITNESS WHEREOF, the parties have executed this Agreement the date first above written.

ATTEST

SUBDIVISION

Jana L. Stull 6-11-07  
Title: DATE  
Borough Secretary

BY [Signature] 6-11-07  
Title: DATE  
COUNCIL PRESIDENT

***SUBDIVISION's resolution authorizing execution and attestation must accompany this Agreement. Please indicate the signers' titles and date signatures.***

DO NOT WRITE BELOW THIS LINE--FOR COMMONWEALTH USE ONLY

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF TRANSPORTATION

BY \_\_\_\_\_  
District Engineer DATE

APPROVED AS TO LEGALITY  
AND FORM

RECORDED NO. \_\_\_\_\_  
CERTIFIED FUNDS AVAILABLE UNDER  
ACTIVITY PROGRAM \_\_\_\_\_  
SYMBOL \_\_\_\_\_  
AMOUNT \_\_\_\_\_

BY \_\_\_\_\_  
for Chief Counsel DATE

BY \_\_\_\_\_  
for Comptroller DATE

Agreement No. 088918 is split 100%, expenditure amount of \$2,931,212.00, for federal funds and 0%, expenditure amount of \$0, for state funds. The related federal assistance program name and number is CMAQ; Q9200696102. The state program name and number is \_\_\_\_\_ N/A \_\_\_\_\_; \_\_\_\_\_ N/A \_\_\_\_\_.

Preapproved Form:  
OGC NO. 18-K-392  
Appv'd OAG 12/14/98