

DECLARATION OF DISASTER EMERGENCY

WHEREAS, on or about March 6, 2020 a (disaster) has caused or threatens to cause injury, damage, and suffering to the persons and property of South Fayette Township; and

WHEREAS, the (disaster) has endangered the health, safety and welfare of a substantial number of persons residing in South Fayette Township, and threatens to create problems greater in scope than the South Fayette Township may be able to resolve; and

WHEREAS, emergency management measures are required to reduce the severity of this disaster and to protect the health, safety and welfare of affected residents in South Fayette Township;

NOW, THEREFORE, we, the undersigned elected official of South Fayette Township, pursuant to the provisions of Section 7501 of the Pennsylvania Emergency Management Services Code, (35 PA CS), as amended, do hereby declare the existence of a disaster emergency in South Fayette Township;

FURTHER, we direct the local Emergency Management Coordinator, the Deputy Emergency Management Coordinator and the Township Manager to coordinate the activities of the emergency response, to take all appropriate action needed to alleviate the effects of this disaster, to aid in the restoration of essential public services, and to take any other emergency response action deemed necessary to respond to this emergency

STILL FURTHER, we authorize officials of South Fayette Township to act as necessary to meet the current exigencies of this emergency, namely: by the employment of temporary workers, by the rental of equipment, by the purchase of supplies and materials, and by entering into such contracts and agreements for the performance of public work as may be required to meet the emergency, all without regard to those time-consuming procedures and formalities normally prescribed by law, mandatory constitutional requirements excepted

This Declaration shall take effect immediately.

Jane A. Rook *President, Board of Commissioners*
(Name, Title, and Signature)

(Name, Title, and Signature)

(Name, Title, and Signature)

(Name, Title, and Signature)

Attest: *John M. Bennett*
Township Manager
3/24/2020