



ERIE COUNTY WATER AUTHORITY
INTEROFFICE MEMORANDUM

To: Jerome D. Schad, Chair
Peggy A. LaGree, Vice Chair
Michele M. Iannello, Treasurer

Cc: Joyce A. Tomaka, Chief Financial Officer

From: Terrence D. McCracken, Secretary to the Authority

Date: January 12, 2023

Subject: Low-Income Household Water Assistance Program

As a result of the Board of Commissioners' meeting on December 15, 2022, a resolution is on the agenda memorializing the Low-Income Household Water Assistance Program.

If you have any questions, please do not hesitate to contact me. Thank you.

TDM:tg

ERIE COUNTY WATER AUTHORITY
AUTHORIZATION FORM
For Approval/Execution of Documents
(check which apply)

Contract:	Project No.:
Project Description: <u>Memorialization of the Low-Income Household Water Assistance Program</u>	

Item Description:


<input type="checkbox"/> Agreement	<input type="checkbox"/> Professional Service Contract	<input type="checkbox"/> Amendment	<input type="checkbox"/> Change Order
<input type="checkbox"/> BCD	<input type="checkbox"/> NYSDOT Agreement	<input type="checkbox"/> Contract Documents	<input type="checkbox"/> Addendum
<input type="checkbox"/> Recommendation for Award of Contract	<input type="checkbox"/> Recommendation to Reject Bids		
<input type="checkbox"/> Request for Proposals			
<input type="checkbox"/> Other <u>Memorialization of the Low-Income Household Water Assistance Program</u>			

Action Requested:


<input type="checkbox"/> Board Authorization to Execute	<input type="checkbox"/> Legal Approval
<input type="checkbox"/> Board Authorization to Award	<input type="checkbox"/> Execution by the Chairman
<input type="checkbox"/> Board Authorization to Advertise for Bids	<input type="checkbox"/> Execution by the Secretary to the Authority
<input type="checkbox"/> Board Authorization to Solicit Request for Proposals	
<input type="checkbox"/> Other <u>Memorialization of the Low-Income Household Water Assistance Program</u>	

Approvals Needed:

APPROVED AS TO CONTENT:

<input type="checkbox"/> Other	_____	Date: _____
<input type="checkbox"/> Chief Operating Officer	_____	Date: _____
<input type="checkbox"/> Executive Engineer	_____	Date: _____
<input type="checkbox"/> Director of Administration	_____	Date: _____
<input type="checkbox"/> Comptroller	_____	Date: _____
<input checked="" type="checkbox"/> Chief Financial Officer		Date: 01/12/2023
<input type="checkbox"/> Legal	_____	Date: _____

APPROVED FOR BOARD RESOLUTION:

<input checked="" type="checkbox"/> Secretary to the Authority		Date: 1/12/2023
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Remarks: _____

Resolution Date: _____	Item No: _____
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