

UNCONVENTIONAL GAS WELL FUND USAGE REPORT

Calendar Year Reporting: 2014 SAP Vendor No.: 4202772832

County: CENTRE Name of Municipality: SPRING TOWNSHIP

County / Municipal Website: WWW.SPRINGTOWNSHIP.ORG

Contact Name: WILLIAM H MACMATH Title: TOWNSHIP MANAGER

Address: 1309 BLANCHARD ST Email Address: bmacmath@springtownship.org

Address 2: _____ Telephone No.: 814-355-7543 ext: 13

City: BELLEFOUNTE State: PA Zip Code: 16823

TOTAL AMOUNT OF FUNDS RECEIVED: 1025.40

USE OF UNCONVENTIONAL GAS WELL FUNDS

AMOUNT

USE OF UNCONVENTIONAL GAS WELL FUNDS	AMOUNT
1. Construction, reconstruction, maintenance and repair of roadways, bridges and public infrastructure.	0
2. Water, storm water and sewer systems, including construction, reconstruction, maintenance and repair	0
3. Emergency preparedness and public safety, including law enforcement and fire services, hazardous material response, 911, equipment acquisition and other services	0
4. Environmental programs, including trails, parks and recreation, open space, flood plain management, conservation districts and agricultural preservation	0
5. Preservation and reclamation of surface and subsurface waters and water supplies	0
6. Tax reductions, including homestead exclusions	0
7. Projects to increase the availability of safe and affordable housing to residents	0
8. Records management, geographic information systems and information technology	0
9. The delivery of social services	0
10. Judicial services	0
11. Deposit into the municipality's capital reserve fund if the funds are used solely for a purpose set forth in Act 13 of 2012	1025.40
12. Career and technical centers for training of workers in the oil and gas industry	0
13. Local or regional planning initiatives under the act of July 31, 1968 (P.L. 805, No. 247), known as the Pennsylvania Municipalities Planning Code	0
14. TOTAL FUND USAGE (This amount must equal the amount entered in the "Total Amount of Funds Received" space above)	1025.40

Calendar Year Reporting: 2016

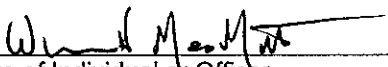
SAP Vendor No.: 4202772832

County: CENTRE

Name of Municipality: SPRING TOWNSHIP

VERIFICATION STATEMENT

I, the undersigned, hereby state that the facts above set forth are true and correct (or are true and correct to the best of my knowledge, information and belief) and that I expect to be able to prove the same at a hearing, if one is deemed necessary by the Public Utility Commission, in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).



Signature of Individual or Officer

2/17/16

Date

Name of person to be contacted for additional information: WILLIAM H MACEMATH

Phone Number: 814-355-7543 EXT 13

Email: wmacemath@springtownship.org



Pennsylvania Public Utility Commission
 Bureau of Administration
 PO Box 3265
 Harrisburg, PA 17105-3265

e-mail Reports to: RA-Act13-Fiscal@pa.gov
 For questions call: 717-783-6190

20 17 MUNICIPALITY APPROVED BUDGET REPORT

County: CENTRE Name of Municipality: SPRING TOWNSHIP

Municipality Code: 4202772832 Federal Information Processing Standard Code FIPS (used by the U.S. Census Bureau)

Contact Name: WILLIAM H MACMATH Title: TOWNSHIP MANAGER

Address: 1300 BLANCHARD ST Email Address: wmacmath@springtownship.org

Address 2: _____ Telephone No.: 814-355-7543 ext: 13

City: BELLEFONTE State: PA Zip Code: 16823

FINAL APPROVED, (DATE OF APPROVAL: 12/5/16) BY THE GOVERNING BODY,

20 BUDGET AMOUNT: 2,372,120.00

VERIFICATION STATEMENT

I, the undersigned, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief and that I expect to be able to prove the same at a hearing held, if one is deemed necessary by the Public Utility Commission, in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

William H MacMath _____ 2/17/17
 Signature of Individual or Officer Date

Name of person to be contacted for additional information: WILLIAM H MACMATH

Phone Number: 814-355-7543 EXT 13 Email: wmacmath@springtownship.org