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

UNCONVENTIONAL GAS WELL FUND USAGE REPORT

For questions call: 717-783-6806 e-mail Reports to: RA-Act13-Fiscal@pa.gov

Calendar Year Reporting: <u>2014</u> SAP Vendor No.: <u>141781</u>						
Cou	nty: <u>Sullivan</u>	_ Name of Mur	nicipality:	Cherry Townsh	<u>lip</u>	
Cou	nty / Municipal Website:	Sullivan-county-r	oa.us_			
Contact Name: _Diane Fitzgerald Title: Supervisor, Secretary, Treasurer						
Address: 11961 RT 87 Email Address: cherrytwp@epix.net						
Address 2: Telephone No.: <u>570-928</u>				28-9228 ext:		
City: <u>Dushore</u>			State: <u>PA</u> Zip Code: <u>18614</u>			
	FAL AMOUNT OF FUNDS F		842.53		AMOUNT	
1.	Construction, reconstruction, public infrastructure.	maintenance and re	epair of roadv	vays, bridges and		
2.	Water, storm water and sewer systems, including construction, reconstruction, maintenance and repair					
3.	Emergency preparedness and public safety, including law enforcement and fire services, hazardous material response, 911, equipment acquisition and other services					
4.	Environmental programs, including trails, parks and recreation, open space, flood plain management, conservation districts and agricultural preservation					
5.	Preservation and reclamation of surface and subsurface waters and water supplies					
6.	Tax reductions, including hom	nestead exclusions				
7.	Projects to increase the availa	ability of safe and aff	fordable hous	sing to residents		
8.	Records management, geogratechnology	aphic information sy	stems and inf	ormation		
9.	The delivery of social services	;				
10.	Judicial services					
11.	Deposit into the municipality a purpose set forth in Act 13 of	•	nd if the fund	s are used solely fo	r 329,842.53	
12.	Career and technical centers	for training of worke	ers in the oil a	nd gas industry		
13.	Local or regional planning init 247), known as the Pennsylva		•	968 (P.L. 805, No.		
14.	TOTAL FUND USAGE (This am Amount of Funds Received"	•	ne amount en	tered in the "Total	329,842.53	

Calendar Year Reporting:	SAP vendor No.:
County:	Name of Municipality:
V	ERIFICATION STATEMENT
I, the undersigned, hereby state that	at the facts above set forth are true and correct (or are true and correct
to the best of my knowledge, infor	rmation and belief) and that I expect to be able to prove the same at a
hearing, if one is deemed necessar	ry by the Public Utility Commission, in this matter. I understand that
the statements herein are made sub	oject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn
falsification to authorities).	
Diago Filosophi	04/40/0045
Diane Fitzgerald Signature of Individual or Officer	
Name of person to be contacted for a	dditional information: Diane Fitzgerald
Phone Number: <u>570-928-9228</u>	Email: cherrytwp@epix.net

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Instructions for Unconventional Gas Well Fund Usage Report

- 1. **Calendar Year Reporting** is the prior calendar year that is applicable to funds received from Unconventional Gas Well Fees.
- 2. SAP Vendor Number is the unique number assigned to your organization through the Office of Budget, Vendor Services. Please contact Payable Services Call Center for information or to verify your Vendor information. This number is used to generate the payments and must contain accurate information. The call center is open from 8 to 4:30 weekdays. Toll Free number is 877-HELP-363 (877-435-7363).
- 3. **County** is the name of the county submitting the report or if a municipality this is the county where the municipality is located.
- 4. **Municipality** is the name of your municipality as listed with the IRS.
- 5. **County/Municipal Website** is the address of the website where this financial information contained in this report will be published as required by the Act.
- 6. **Contact Name** is the person responsible for the information contained in this report and who will be able to address any questions or concerns.
- 7. **Address** is the mailing address where all correspondence related to this Act should be directed.
- 8. **E-mail Address** is the e-mail address of the contact listed on this form. If an e-mail address is not available please write N/A
- 9. **Total Amount of Funds Received** is the amount received applicable to the distribution of Unconventional Gas Well funds contained in the Act and received by your county or municipality in the calendar year of this report. Do not include funds received from Marcellus Legacy Fund.
- 10. **Reporting of funds:** The Act defines 13 broad categories where funds received from the Unconventional Gas Well fees may be used. All of the funds must be placed in one or more of the defined categories. The funds do not need to be spent; they just need to be committed through any authorizing body as defined by your county or municipality. As such, the amount entered on Line 14 of the form, labeled "Total Fund Usage," must equal the amount entered in the "Total Amount of Funds Received" space. These amounts will be subject to audit.

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