

For ALOM use only

Application Received Date: \_\_\_\_\_ Program Requirement Review Date: \_\_\_\_\_



**2019 BANNER COMMUNITY PROGRAM APPLICATION**  
**MUNICIPAL AUTHORITIES**

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**Contact Information**

Please list the name, email and phone number of your Banner Community Application contact person.

Authority: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**SECTION I – INTERGOVERNMENTAL COOPERATION AND**  
**PROFESSIONAL DEVELOPMENT**

**PART A**

Be an active member in good standing – ALOM and PMAA (or other regional, state or national association) *Yes* \_\_\_\_\_

**PART B**

Send at least one representative to the ALOM Annual Spring Educational Conference:

Attended 2018 Spring Conference *Attendee Name:* \_\_\_\_\_ and/or

Commitment to attend 2019 Spring Conference *Yes* \_\_\_\_\_ *Attendee Name:* \_\_\_\_\_

**PART B**

Participate in two or more of the following professional development opportunities:

Attends a training offered via the Local Government Academy Course Catalog:

*Attendee Name:* \_\_\_\_\_ *Program Description:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Allegheny League of Municipalities – 2018 Banner Community Program

Attend the Allegheny County and Western Pennsylvania Association of Township Commissioners Fall Conference. *Attendee Name:* \_\_\_\_\_

Attend an authority educational conference or training event sponsored by the Pennsylvania Municipal Authorities Association:

*Attendee Name:* \_\_\_\_\_ *Program Description:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Attend an educational training focused on local government and sponsored by a Pennsylvania State Agency (DCED, PennDOT, DEP, etc.)

*Attendee Name:* \_\_\_\_\_ *Name of Department:* \_\_\_\_\_

*Program Description:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Participate in another training program sponsored by another local government organization or regional authority association:

*Attendee Name:* \_\_\_\_\_ *Name of Organization:* \_\_\_\_\_

*Program Description:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**SECTION II – OPERATIONS**

Has the authority received any violations issued by the Pennsylvania Department of Environmental Protection, County Health Department or other governmental agency?

*Yes* \_\_\_\_\_ *No* \_\_\_\_\_ *If yes, explain* \_\_\_\_\_

Has the authority developed an operations plan taking into account routine maintenance, fleet management, pipeline maintenance and repair and future needs for new construction and capital improvements? *Yes* \_\_\_\_\_ *Most recent plan adoption date:* \_\_\_\_\_

Authority meets or exceeds required standards by ensuring that at least half of operators are certified. *Yes* \_\_\_\_\_

**SECTION III – PENSION AND FINANCE**

Makes 100% of any actuarial recommended pension plan contribution: *Yes* \_\_\_\_\_

Authority staff reconciles bank statements on a monthly basis and provides corresponding reports to the governing officials. Board ensures discrepancies are addressed in a timely manner

*Yes* \_\_\_\_\_

Authority undergoes an annual audit completed by independent CPA Firm

*Yes* \_\_\_\_\_ *Completion Date of Last Audit* \_\_\_\_\_

**SECTION IV – EMERGENCY PREPAREDNESS**

**Authority completes essential requirements to ensure the Health, Safety and Welfare of the community.**

Does the authority drafts and maintains an Emergency Operations/Disaster Contingency and/or Hazard Mitigation plan outlining procedures for responding to a disaster? *Yes* \_\_\_\_\_

Authority is compliant with Federal NIMS Guidelines, ensuring all required training has been administered to appropriate personnel. *Yes*\_\_\_\_\_

**SECTION V – COMMUNICATIONS AND COMMUNITY OUTREACH**

**Does the authority create and disseminate an annual communication and/or disclosure to residents? *Yes*\_\_\_\_\_ (Attach copy and/or provide web links)**

**Applications can be turned in via the ALOM Office Address given below or digitally via the Email given below**

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Riverfront Place/ 810 River Avenue, Suite 110  
Pittsburgh, PA 15212 / (412) 261.2521  
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