

Certificate of Authority by Vote

I, _____, **hereby certify** that I am duly elected Clerk/Secretary of
(Name)
_____ (“Governmental Unit”). I hereby certify the following is a true
(Name of Governmental Unit)

copy of a vote taken at a meeting of the Board of Directors (or equivalent governing body), duly called and held on _____, 20____, at which a quorum of the Members were present and voting.

Voted: That _____ (may list more than one person) is
(Name and Title)

duly authorized to enter into contracts, to include joint participation agreements, on behalf of _____ with the State of Illinois and any of
(Name of Governmental Unit)

its agencies or departments and further is authorized to execute any documents which may in his/her judgment be desirable or necessary to affect the purpose of this vote.

I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract or joint participation agreement to which this certificate is attached. I further certify that it is understood that the State of Illinois will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the Governmental Unit. To the extent that there are any limits on the authority of any listed individual to bind the Governmental Unit in contracts with the State of Illinois, all such limitations are expressly stated herein.

Dated: _____

Attest: _____
(Name & Title)

Certificate of Authority by Bylaws

I, _____, **hereby certify** that I am duly elected Clerk/Secretary of
(Name)

_____. I hereby certify the following is a true copy of the
(Name of Governmental Unit)

current Bylaws (or equivalent law or ordinance) and that the Bylaws authorize the
following person or position to bind the Governmental Unit for contractual obligations, to
include joint participation agreements: _____

(List title or position)

I further certify that the following individuals currently hold the office or positions
authorized: _____.
(List individuals holding positions authorized)

I further certify that it is understood that the State of Illinois will rely on this
certificate as evidence that the person listed above currently occupies the position
indicated and that they have full authority to bind the Governmental Unit for contractual
obligations, to include joint participation agreements with the State of Illinois.

Dated: _____

Attest: _____

(Name & Title)