



Certificate of Authority by Vote

(Two Party Written Signature Required)

I, Enter Name of Certifier/Attest., hereby certify that I am duly (**Choose an item** *appointed, designated, elected or selected*) (**Choose an item** *Administrator, Clerk or Secretary*). Of Enter Name of Governmental Unit. ("Governmental Unit"). I hereby certify the following is a true copy of a vote taken at a meeting of the Board of Directors (or equivalent governing body), duly called and held on **Enter a date.**, at which a quorum of the Members was present and voting.

Voted: That Enter Name of Person with Authority and Title. (may list more than one person) is duly authorized to enter into contracts, to include joint participation agreements, on behalf of Enter Name of Governmental Unit with the State of Illinois and any of 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I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract or joint participation agreement to which this certificate is attached.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: _____

(Written signature & Title)

Dated: _____

Attest: _____

(Written signature & Title)



Certificate of Authority by Bylaws

(Two Party Written Signature Required)

I, Enter Name of Certifier/Attest., hereby certify that I am duly (**Choose an item** *appointed, designated, elected or selected*). (**Choose an item** *Administrator, Clerk or Secretary*). Of Enter Name of Governmental Unit. I hereby certify the following is a true copy of the 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: Enter title or position.

I further certify that the following individuals currently hold the office or position(s) authorized: Enter Name of Person 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: _____
(Written signature & Title)

Dated: _____

Attest: _____
(Written signature & Title)



Certificate of Authority

(Two Party Written Signature Required)

I, Enter Name of Certifier/Attest., hereby certify that I am Enter title or position. of Enter Name of Entity.

I further certify that Enter Name of Entity. authorized the following person(s) and position(s) to bind the entity for contractual obligations, to include joint participation agreements with the State of Illinois:

Enter title(s) or position(s) of authorized person.

Enter Name of Person(s) 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 Enter Name of Governmental Unit. for contractual obligations, to include joint participation agreements with the State of Illinois.

Dated: _____

Attest: _____

(Written signature & Title)

Dated: _____

Attest: _____

(Written signature & Title)