## Certificate of Authority by Vote

<b>I,</b> , <b>hereby certify</b> that I am duly elected Clerk/Secretar	y of
(Name)	4
<u>Village of Poplar Grove</u> ("Governmental Unit"). I hereby certify the following is a (Name of Governmental Unit)	true
(Name of Governmental orm)	
copy of a vote taken at a meeting of the Board of Directors (or equivalent governing bo	dy), duly
called and held on, 20, at which a quorum of the Members were presen	t and
voting.	
Voted: That(may list more than one person) is(Name and Title)	
duly authorized to enter into contracts, to include joint participation agreeme	nts, on
behalf of <u>Village of Poplar Grove</u> with the State of Illinois and any of (Name of Governmental Unit)	
its agencies or departments and further is authorized to execute any documer	nts
which may in his/her judgment be desirable or necessary to affect the purpose	e of
this vote.	
I hereby certify that said vote has not been amended or repealed and remains in	n full
force and effect as of the date of the contract or joint participation agreement to which	ı 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	ı(s)
indicated and that they have full authority to bind the Governmental Unit. To the exter	nt that
there are any limits on the authority of any listed individual to bind the Governmental U	nit in
contracts with the State of Illinois, all such limitations are expressly stated herein.	
Dated: Attest:	

(Name & Title)

## **Certificate of Authority by Bylaws**

l,	, hereby (	certify that I am duly	elected Clerk/Secretary of
(Name)			
Village of Poplar G	rove	I hereby certify t	he following is a true copy of the
(Name of Governme	ental Unit)		
current Bylaws (or e	quivalent law o	r ordinance) and that	the Bylaws authorize the
following person or	position to bind	l the Governmental U	nit for contractual obligations, to
include joint partici	oation agreemer	nts:	
		(List title or po	osition)
I further certi	fy that the follow	wing individuals curre	ntly hold the office or positions
authorized:			·
(List in	dividuals holdin	g positions authorized	d)
I further certi	fy that it is unde	erstood that the State	of Illinois will rely on this
certificate as evider	ce that the pers	son listed above curre	ntly occupies the position
indicated and that t	hey have full au	thority to bind the Go	overnmental Unit for contractual
obligations, to inclu	de joint particip	ation agreements wit	h the State of Illinois.
Dated:		Attest:	
			(Name & Title)