VILLAGE OF MT. ZION MACON COUNTY, ILLINOIS

| Ordinance | No | | |
|-----------|----|--|--|
| 2020-17 | | | |

AN ORDINANCE PERTAINING TO THE LOCAL CURE PROGRAM

CERTIFICATE

| State of Illinois | |
|-------------------|--|
| |) |
| |) |
| County of Macon | |
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| I. Dawn Reynolds. | duly appointed Village Clerk of the Village of Mt. Zion, |

I, Dawn Reynolds, duly appointed Village Clerk of the Village of Mt. Zion, Macon County, State of Illinois, and as such, custodian of all Village records, do hereby certify that the attached Ordinance No. 2020-17, is a true and correct copy of AN APPROVED ORDINANCE OF THE VILLAGE OF MT. ZION, MACON COUNTY, ILLINOIS that was adopted by the Mt. Zion Village Board on September 21, 2020.

In witness whereof, I hereby set my hand and affix the seal of the Village of Mt. Zion on this 21st day of September, 2020.

Seal

Dawn Reynolds, Village Clerk

ORDINANCE 2020-17

AN ORDINANCE PERTAINING TO THE LOCAL CURE PROGRAM

WHEREAS, the Village of Mt. Zion, Macon County, Illinois, ("Village") is an Illinois municipality, eligible for reimbursement of funds through the Local Coronavirus Urgent Remediation Emergency Support Program (Local CURE Program), 20 ILCS 605/605-1045; and

WHEREAS, the Local CURE Program is funded from financial assistance the State of Illinois received through the U.S. Department of the Treasury's Coronavirus Relief Fund (CFDA No. 21.019) authorized under section 601(a) of the Social Security Act, as added by section 5001 of the Coronavirus Aid, Relief and Economic Security Act, P.L. 116-136 ("CARES Act"); and

WHEREAS, as a Local Government recipient of financial support through the Local CURE Program, the Village is required to utilize the financial support received from the Illinois Department of Commerce and Economic Opportunity (the "Department") for the specific purposes and in compliance with the terms and certifications of the Local CURE Program; and

WHEREAS, the corporate authorities of the Village have determined that it is advisable, necessary and in the best interest of the Village to enter into the attached Local CURE Program Financial Support Conditions and Certification in order to participate in and receive the funding pursuant to the Local CURE Program.

NOW, THEREFORE, BE IT ORDAINED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF MT. ZION, MACON COUNTY, ILLINOIS AS FOLLOWS:

SECTION 1: The foregoing recitals shall be and are hereby incorporated as findings of fact as if said recitals were fully set forth herein.

SECTION 2: The Financial Support Conditions and Certification in substantially the form of the exhibit attached hereto is hereby incorporated herein by reference, authorized, and approved.

SECTION 3: The Mayor is hereby authorized to execute and deliver and the Village Clerk is hereby authorized to attest to said execution of said certification in substantially the form of the exhibit appended hereto as so authorized and approved for and on behalf of the Village.

SECTION 4: SEVERABILITY. If any provision of this Ordinance or application thereof to any person or circumstances is ruled unconstitutional or otherwise invalid, such

invalidity shall not affect other provisions or applications of this Ordinance that can be given effect without the invalid application or provision, and each invalid provision or invalid application of this Ordinance is severable.

SECTION 5: REPEAL OF CONFLICTING PROVISIONS. All ordinances and resolutions, or parts thereof, in conflict with the provisions of this Ordinance are, to the extent of the conflict, expressly repealed on the effective date of this Ordinance.

This Ordinance shall be in full force and effect from and after its passage, approval, and publication as required by law.

PASSED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF MT. ZION, MACON COUNTY, ILLINOIS, ON THE 21ST DAY OF SEPTEMBER 2020.

| MOSE | yea | RITCHIE | yea |
|-----------------------|--------|---------------|------------|
| SIUDYLA | absent | FRITZSCHE | <u>yea</u> |
| SCALES | yea | KERNAN | yea |
| | | <u>DRei</u> | molds |
| APPROVED: | | Village Clerk | U |
| | | | |
| Village Presid | lent | | |
| ATTEST: | | | |
| WRey Village Clerk | n Olds | | |