# **Appendix C**

# **Opinion of Counsel Sample Language**

**Opinion of Counsel**

I, the undersigned, am an attorney, licensed by and duly admitted to practice law in the State of Illinois and counsel for and attorney for the (*Name of Applicant*). In this capacity, my opinion has been requested concerning the eligibility of the (*Name of Applicant*) for grant assistance under the provisions of the Civil Administrative Code of Illinois (Act), 20 ILCS 2705-305. You are hereby advised as follows:

1. The (*Name of Applicant*) is an eligible recipient as defined in state regulations.

2. There are no provisions in the (*Name of Applicant*)'s charter or by-laws or in the statutes of the State, the United States of America, or any other local ordinances that preclude or prohibit the (*Name of Applicant*) from making said application for or contracting with the State for the purpose of receiving a State capital improvement grant.

3. The undersigned has no knowledge of any pending or threatened litigation, in either Federal or State courts which would adversely affect this application, or which seeks to prohibit the (*Name of Applicant*) from contracting with the State for the purpose of receiving a State capital improvement grant.

Based upon the foregoing, I am of the opinion that the (*Name of Applicant*) is an eligible recipient under the provisions of the Act, and that it is fully empowered and authorized to apply for and to accept the grant from the State.

Attorney for:

(*Name of Applicant*)

Signature:

Print Attorney’s Name

ARDC Registration Number