

**RESOLUTION FOR THE TOWN OF THE CITY OF PEORIA
AUTHORIZING THE TOWN TO ENTER INTO AN AGREEMENT
WITH THE HEARTLAND CLINIC**

WHEREAS, the Town of the City of Peoria and the Heartland Clinic desire to enter into an Agreement;

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF THE TOWN OF THE CITY OF PEORIA AS FOLLOWS:

Section 1: That the foregoing recitals are incorporated herein as though fully set forth.

Section 2: That the Town of the City of Peoria enter into an Agreement with the Heartland Clinic attached hereto and dated April 26, 2022, for the fiscal year beginning April 1, 2022, and ending March 31, 2023, a copy of which is attached hereto and made a part hereof.

Section 3: That this Resolution shall be in full force and effect after its passage as required by law.

PASSED BY THE BOARD OF TRUSTEES OF THE TOWN OF THE CITY OF PEORIA, ILLINOIS, THIS 26TH DAY OF APRIL, 2022.

APPROVED:

Chairperson, Town Board of Trustees

ATTEST:

Town Clerk

EXAMINED AND APPROVED:

Town Counsel

HEARTLAND CLINIC AGREEMENT

This Agreement is entered into this 26th day of April, 2022, by and between the Heartland Clinic (hereinafter referred to as "Heartland") and the Town of the City of Peoria (hereinafter referred to as "Town").

For the mutual consideration as hereinafter set forth, the parties hereto agree as follows:

- A. The Town shall make a one-time donation to Heartland of \$50,000.00 to be deposited into their general operating fund and used for general operating expenses.
- B. Heartland shall provide to the Town an annual report outlining and assessing the number of patients they have treated in the preceding fiscal year.
- C. The parties to this Agreement agree that the Town is strictly a donor of the money involved and this Agreement does not give rise to a partnership, joint venture, or any other business relationship between the parties to this contract.
- D. This Agreement shall be in effect until March 31, 2023.

HEARTLAND CLINIC

By _____
Authorized Representative

TOWN OF THE CITY OF PEORIA

By _____
Township Supervisor

ATTEST:

Town Clerk