Date

Subject: Budget Period 3 (2021-2022) Designee/Proxy

I, \_\_\_\_type name here\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County Health

 (Administrator Name) (County Name)

Department Administrator appoint/designate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as the

 (Name of Designee/Proxy)

Designee/Proxy to represent my health department at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Select Designee or Proxy) (Healthcare Coalition Name)

Healthcare Coalition meetings in the absence of myself or another employee I have designated to attend.

Sincerely,

County Health Department Administrator Physical Signature for Proxy

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print County Health Department Administrator Name)