Date

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

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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. I am designating that the named individual can attend as my Designee/Proxy for Budget Period 3. In the absence of the above-named Designee/Proxy, I appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Back-up Designee/Proxy Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as a back-up **Designee/Proxy**.

(Back-up Designee/Proxy Name) (Back-up Designee/Proxy Name) (Select Designee/Proxy)

Sincerely,

County Health Department Administrator Physical Signature for Proxy

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

(County Health Department Administrator Printed Name)