

WEST VIRGINIA HEALTH CARE AUTHORITY

CERTIFICATE OF NEED DIVISION

**EXAMPLE** of written authorization of the governing body empowering the signer of the application, the contact person(s) listed in Section A and any other individuals to act on behalf of the applicant during the course of this review.

I, \_\_\_\_\_ (Name) \_\_\_\_\_ Secretary of \_\_\_\_\_ (Name of applicant) \_\_\_\_\_ do hereby certify that pursuant to action taken by the Board of Trustees of \_\_\_\_\_ (Name of applicant) \_\_\_\_\_ at a regular meeting duly called and held on \_\_\_\_\_ (Date) \_\_\_\_\_ at which time a quorum was present and voting, the following resolution was adopted and remains in full force and effect and has not been rescinded or modified and is consistent with the By-laws of \_\_\_\_\_ (Name of applicant) \_\_\_\_\_

BE IT RESOLVED that \_\_\_\_\_ (Name) \_\_\_\_\_ is authorized to sign all applications and other documents related to past and future CON projects approved by the \_\_\_\_\_ (Name of applicant) \_\_\_\_\_.

BE IT FURTHER RESOLVED that \_\_\_\_\_ (Name) \_\_\_\_\_ is authorized to designate the individual or individual(s) who will serve as the official contact person or persons as defined in Section A of the Certificate of Need application.

IN WITNESS WHEREOF, I have hereunto affixed my hand and the seal of \_\_\_\_\_ (Name of applicant) \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_.

This resolution requires that if the contact person is later designated by the named person, then the named person must do so in a letter to be submitted with the application. Alternately to this resolution, a resolution which names the contact person could be used.