

Meeker-McLeod-Sibley Community Health Services

114 N Holcombe Litchfield, Minnesota 55355 Direct Line (320)-693-5370

RESOLUTION 2019-7 Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Operating Procedures, and by this Resolution of the Board adopted at a scheduled meeting on November 14, 2019 hereby appoints and authorizes, effective January 1, 2020, the following persons to act on the Board's behalf and bind the board for the following purpose(s):

A. To serve as the Community Health Services Administrator and the Board's agent according to Minnesota Statute 145A.04, Subd. 2, in communicating with the Commissioner of Health between Board meetings, including receiving information from the Commissioner and disseminating that information to the Board, as well as providing information to the Commissioner on the Board's behalf.

Name:

Kiza Olson, CHS Administrator

Address:

114 No. Holcombe Ave, Suite 250, Litchfield, MN 55355

Telephone:

(320) 693-5370

B. To sign and submit to the Commissioner the required components of the Local Public Health Act including identification of local priorities, progress reports and budgets according to Minnesota Statute 145A.04, Subd.1a.

Name:

Kiza Olson, CHS Administrator

Address:

114 No. Holcombe Ave, Suite 250, Litchfield, MN 55355

Telephone:

(320) 693-5370

Name:

Diane Winter, CHS Deputy Administrator

Address:

114 No. Holcombe Ave, Suite 250, Litchfield, MN 55355

Telephone:

(320) 693-5370

C. To sign and execute, on behalf of the Board, contracts for funding and other administrative items under the following grant contracts administered by the Commissioner of Health or other granting entities.

Name:

Kiza Olson, CHS Administrator

Address:

114 No. Holcombe Ave, Suite 250, Litchfield, MN 55355

Telephone:

(320) 693-5370

Name:

Diane Winter, CHS Deputy Administrator

Address:

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D. To review, approve and submit invoices on behalf of the Board for activities for funding opportunities administered by the Minnesota Department of Health and other entities.

Name:

Kiza Olson, CHS Administrator

Address:

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Telephone:

(320) 693-5370

Name:

Diane Winter, CHS Deputy Administrator

Address:

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This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed:

Chairperson, Community Health Board

11-14-2019

Date

