**BOARD APPROVAL FORM**

By signing this document, I confirm that I, as chair of the board, have read the submitted CCHD application.  I also confirm that it was discussed at a board meeting on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date).  The board approved this application submittal to CCHD on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date).

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Board Chairperson