

## PLAN OF ORGANIZATION APPROVAL FORM

This approval form is to be signed by the Health Officer and the chairperson of the agency's local governing entity. Completion of this form is required and is to be submitted to MDHHS with the LHD Plan of Organization. If this Plan of Organization or the Health Officer changes subsequent to submission to the MDHHS Division of Local Health Services, this approval form must be re-signed by the appropriate local authorities referenced and resubmitted to the MDHHS Division of Local Health Services.

I have reviewed the Plan of Organization for the Branch-Hillsdale-St. Joseph Community Health agency.

The Plan and related documentation accurately reflect the organization of services and programs for the area served by the LHD. We affirm this Plan, as submitted, fulfills all the requirements set forth in the LHD Plan of Organization Guide.

Health Officer Name: Rebecca Burns, MPH, RS Signature: \_\_\_\_\_

Date: September 25, 2025

Local Governing Entity Chairperson Name: Tim Stoll, Board Chair

Local Governing Entity Name: Branch-Hillsdale-St. Joseph Community Health Agency

Mailing Address: 570 Marshall Rd., Coldwater, MI 49036

Chairperson Signature: \_\_\_\_\_

Date: September 25, 2025