

# APPENDIX F

## COMMITMENT TO PARTICIPATE

Updated 12/3/18

*Institution Letterhead*

*Date*

To: David McGuire, Chair  
District 2 Healthcare Preparedness Planning Committee, INC.

RE: Designation of Appointed Preparedness Coordinator for *(Name of Your Institution)*

Dear Mr. McGuire,

This letter will serve as confirmation of the intent of *(Name of Your Institution)* to make the following designation(s):

Primary Preparedness Coordinator: *(Your name, email address, and phone number)*

Alternate Preparedness Coordinator: *(Proxy name, email address, and phone number)*

This letter is being provided to confirm that these individuals are authorized to represent our organization and vote on related business matters for the District 2 Healthcare Preparedness Planning Committee, Inc; a 501(c)(3) corporation formed to assist all participating hospitals and healthcare partners in the preparation for and response to emergencies, including the handling of grant monies for emergency preparedness in District 2.

I trust that this letter will meet the needs of the district. Please feel free to contact me if additional information is required.

Sincerely,

*(Signed by your institutions executive administration)*

When member participation drops below 80% meeting attendance rate members will be contacted by the District 2 Healthcare Coalition Operations Manager, Chairperson, or Co-Chairperson in writing to solicit attendance. If attendance does not increase after 2 warnings, member will not be eligible for grant funding, participation in trainings, or participation in district drills. Member will be advised that they are ineligible for grant funding, training participation, and drill participation until attendance improves. At which time attendance improves funding, training and drill benefits will be reinstated.