

Adams County Collaborative Management Program (ACCMP)  
Proxy Appointment Form  
State Fiscal Year 2025-2026



To: ACCMP Mandatory and Non-Mandatory Voting Members  
Subject: Proxy Appointment for ACCMP IOG Meetings

**Instructions:**

This form is for designating or updating proxy assignments after the initial appointment and MOU submission (due by June 30, 2025). Completion of this form ensures that the designated proxy has voting rights in the absence of the MOU signer. Proxy assignments noted in the MOU remain valid.

**Proxy Appointment Details**

I, \_\_\_\_\_, acknowledge that when I am unable to attend an ACCMP IOG meeting, I appoint:

**Primary Proxy:**

- Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Organization/Agency/District: \_\_\_\_\_

If the primary proxy is unavailable, I appoint:

**Secondary Proxy (if applicable):**

- Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Organization/Agency/District: \_\_\_\_\_

**Scope of Representation**

1. The proxy must serve within the same domain (child welfare, juvenile justice, education, physical/mental health, or family voice) as the MOU signer.
2. The MOU signer, proxy, and secondary proxy (if applicable) must adhere to the 75% attendance requirement for IOG meetings as per ACCMP Bylaws (Article IV, Section 3).
3. The proxy and secondary proxy (if applicable) are authorized to vote based on organizational guidance and discretion.
4. The proxy and secondary proxy (if applicable) must recuse themselves from votes involving conflicts of interest.

**Acknowledgment and Signature**

By signing below, I acknowledge and agree to the above conditions.

**MOU Signer:**

- Name, Title: \_\_\_\_\_
- Organization/Agency/District: \_\_\_\_\_
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_