*[Official Letterhead here]*

**Proof of Permission (PoP) for Google Apple Exposure Notification App**

Wehealth is a public benefit organization with a mission to build and foster decentralized exposure notification technology. Wehealth has built an exposure notification app (the “**App**”) using Google Apple Exposure Notification (GAEN) protocol with Application Interfaces (API) for use by public health agencies across the world. The App is already active in the State of Arizona in collaboration with the Arizona Department of Health & the University of Arizona. It is available on the Apple App store (gov.azdhs.covidwatch.ios) and Google Play store (gov.azdhs.covidwatch.android). It is fully interoperable with all similar EN solutions in the country (including ENX).

The App provides users with early notification of possible e­xposure, allowing them to take steps to protect themselves and their communities. It also provides community risk levels and access to trusted resources customized for each community. Public health agencies have the optional ability to customize and control the brand and messages in real time, adjust sensitivity of the risk models for each community and access detailed aggregate reporting measuring the effectiveness of the solution. The app is proven to work and is a faster, cheaper and scalable complement to manual contact tracing.

The [STATE\_NAME] Department of Public Health (“Department”, “we”, “our” or “us”) believes that the App represents an effective, opt-in tool to privately and securely assist with public health efforts and reduce the burden of diseases. The Department officially endorses the App to deliver exposure notifications in [STATE\_NAME]. We understand that we can only have one such app actively providing these exposure notifications within our jurisdiction. We understand that if in the future we decide to end our partnership, we can request this permission to be revoked and Wehealth will remove support for our jurisdiction from their App, at no cost to us.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address of Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_