



2022 Review Cycle – Re-recognition Applicant Application Signature Form

Dear Applicant,

The purpose of this Application Signature Form is to confirm the submission of your Project Public Health Ready (PPHR) re-recognition application for review, applicants are required to complete and submit this Application Signature Form. NACCHO also requires applicants to submit Part 2 (\$1,250) of their application fee to confirm participation in the 2022 Review Cycle.

Application fees can be paid online via credit card at [MyNACCHO](#). Applicants may also pay via check. If paying by check, please mail this completed form with check made payable to NACCHO at: **Project Public Health Ready, NACCHO Lockbox Processing, PO Box 79197, Baltimore, MD 21279-0197.**

This Application Signature Form and Part 2 payment are due by **Wednesday, August 31, 2022.**

Familiarize yourself with the responsibilities listed below and confirm the contact information on the second page of this document for accuracy and completeness.

PPHR Applicant Responsibilities

By signing below, I confirm that my agency has met, or will meet, the following applicant responsibilities:

- Participation in an in-state technical review of the PPHR application no less than three months before the application due date,
- Submission of a functional and complete application in a PPHR-approved format to NACCHO, by **August 31, 2022, 5:00 PM EST.**

My agency agrees to pay a non-refundable \$1,250 fee with the submission of this form. I understand that payment of this fee does not guarantee PPHR recognition. I understand that if my agency’s application does not achieve PPHR recognition, my agency may participate in the PPHR application resubmission process at no additional cost. If my agency is not satisfied with the outcome of the resubmission review, I understand that the agency has the right to appeal the outcome via the appeals process.

_____ Agency Name

_____ Applicant Lead Name

_____ Applicant Lead Signature

_____ Date

_____ Agency Director

_____ Agency Director Signature

_____ Date

_____ State Lead Name

_____ State Lead Signature

_____ Date



Please check this box to confirm that all the contact information below is correct OR make any necessary changes below. All names must be written as you wish them to appear on any certificates and other official documentation.

Agency Director Prefix and Name (Ms., Mrs., Mr. Dr., etc.)

Agency Director Post-Nominals (APRN, MD, PhD. MPH, etc.)

Agency Director Title

Agency Official Name

Agency Mailing Address 1

Agency Mailing Address 2

City, State, Zip

Agency Phone Number

Application Lead Name

Application Lead Email

Application Lead Phone Number

State Lead Name

State Lead Email

State Lead Phone Number