How to Access the Intent to Apply Form & Generate Part 1 Invoice for PPHR

If you run into any issues or need further assistance, please contact us at PPHR@naccho.org.

Accessing Intent to Apply Form

1. Navigate to https://www.naccho.org/programs/public-health-preparedness/pphr#cohort

2. Click "Intent to Apply Form"

Note: Regardless if you are applying as a first-time or re-recognition applicant, the link will take you to the same site.
To access the Intent to Apply form on our portal, you must first sign in using your MyNACCHO account. Please input your login information and click 'Login'.

Log In

NACCHO membership helps local health departments improve their workforce and infrastructure through unique and robust benefits.

Login

Email address

Password

Remember me

Forgot Password?  Forgot Username?

New Users
If you have accessed the link previously, you will see the screen below. If you have not accessed the link previously, you will be taken directly to the application form seen in the next step. Click "Click here to begin a new Submission" to start a new submission or click "Click here to review your past Submission(s)" to edit and submit a previous form.
Note: If you are submitting Intent to Apply forms on behalf of multiple applicants, click "Click here to begin a new Submission" to submit Intent forms for multiple applicants.

On the registration page, indicate whether you are applying as a first-time or re-recognition applicant (depending on your choice, the form will populate accordingly).

Fill out the application field accordingly and click 'Save and Next'.
PPHR Applicant Responsibilities
- Work with the state lead to develop a PPHR application using Version 5.0
- Submit technical assistance questions to NACCHO through the state lead application.
- Participate in monthly teleconference calls with other applicants from the state.
- Participate in an in-state technical review of the PPHR application no less than one Time.

By submitting this document, I confirm my agency’s intent to apply for PPHR recognition and understand the applicant responsibilities listed above. A non-refundable $1,250 fee (P) below with the submission of this form. I understand that Part 2 of the application fee is required by August 31, 2024, for NACCHO to review my agency’s application.

☐ I understand that payment of this fee does not guarantee PPHR recognition.

Agency Name *

Applicant Lead Name *

By submitting this document, I confirm my agency’s intent to apply for PPHR recognition and understand the applicant responsibilities listed above. A non-refundable $1,250 fee (P) below with the submission of this form. I understand that Part 2 of the application fee is required by August 31, 2024, for NACCHO to review my agency’s application.

* I understand that payment of this fee does not guarantee PPHR recognition.

Agency Name *

Applicant Lead Name *

Agency Director/Administrator *

State Lead Name (If Applicable)
I understand that payment of this fee does not guarantee PPHR recognition.

Agency Name *
NACCHO

Applicant Lead Name *

Agency Director/Administrator *

State Lead Name (If Applicable)

Applicant Lead Email Address *

I understand that payment of this fee does not guarantee PPHR recognition.

Agency Name *
NACCHO

Applicant Lead Name *
Ashley Vigil

Agency Director/Administrator *

State Lead Name (If Applicable)

Applicant Lead Email Address *
Applicant Lead Name *
Ashley Vigil

Agency Director/Administrator *
Jerry Joseph

State Lead Name (if Applicable)

Applicant Lead Email Address *
This should be the email address for the local health department lead contact.
To accurately track and apply payments, we ask that you generate an invoice using our hyperlinked tool. Click "Invoice Generator" to access the tool.

Part 1 or Combined Payment: Invoice Generator

Click this dropdown and select 'Project Public Health Ready'.
Click this dropdown and select either 'Part 1 - Application Fee for PPHR' or 'PPHR Application Fee - Part 1 and 2 Combined' if you wish to pay the full amount.

Note: Your organization, address, phone, and email will populate according to the information provided when creating your MyNACCHO account. Please use the org name, city, and state text boxes to specify the local health department / agency you are applying on behalf.
Depending on if you are a first-time or re-recognition applicant, click the appropriate checkbox.

Make sure to click 'recalculate' before clicking 'Create Invoice'.
Once you have clicked 'recalculate' and you see the correct amount displayed above the 'recalculate' button (shown below), click 'Create Invoice'.

To pay by check, click "Print Invoice" and send the printed sheet along with your check payment to the address provided.

To pay by credit card, click the 'My Transactions' button and follow the instructions provided.
If you see that your invoice PDF is blank (does not generate an invoice number nor populate with the information you inputted), you likely forgot to click recalculate before creating the invoice. If this is the case, please restart by creating a new invoice.

Note: You do not have to pay your invoice before submitting your Intent to Apply. We ask that you provide the invoice number just so that we are able to track the payment once you are able to pay the invoice.

Submit Intent to Apply Form

14 Click the "Application Invoice Number" field and input the Invoice Number generated.

Please follow these instructions to generate an invoice and remit payment:
- Application fees can be paid online via credit card or by mail via check.
- If paying by check, please mail your generated invoice and check made payable to NACCHO Lockbox Processing, PO Box 79197, Baltimore, MD 21279-0197.

Please Note: This Invoice Generator is a tool used to track submission and receipt of paid applicant. Invoices will be generated under the account logged into MyNACCHO - this invoices are mistakenly generated, please email PPHR@naccho.org to reconcile the error.

You will be navigated to MyNACCHO to complete your payment.

Application Invoice Number *
Add your confirmation number to this field. For questions, email PPHR@naccho.org
Click 'Save and Finalize' to submit your Intent to Apply Form and an automated email will be sent to you shortly after confirming receipt of your submission.

Managing Collaborators

If you wish to add collaborators to your application, click "Manage Collaborators"
17 Click "Add Collaborator"

18 Input the additional collaborators' information and click 'Save' to finalize.
Manage Collaborators
2024 Project Public Health Ready (PPHR) - NACCHO

Allow others to access and make edits to your Submission. Only the primary Collaborator will be able to access.

First Name *
Brexton

Last Name *

Email *

Cancel  Save
Once you have completed adding collaborators, Click "Back to Submission".
20 Click "Invoices and Application Payments"

21 Click 'Save and Finalize'

Please choose your PPHR Application type:
Re-recognition applicant

intent to apply – re-recognition applicant

To better facilitate and coordinate the PPHR implementation and review process, applicants are required to complete this Intent to Apply form at PPHR@naccho.org. To confirm participation in the 2024 Review Cycle, applicants are expected to pay their application fee ($1,250) in full. Applicants may opt to pay via check. Application fees can be paid online via credit card at MyNACCHO. Applicants may also pay via check. If paying this completed form with check made payable to NACCHO to: Project Public Health Ready, NACCHO Lockbox 79197, Baltimore, MD 21279-0197.
Click "OK" and you will be directed to a final landing page and an email will be automatically sent to you confirming a receipt of your submission.