

**Request for Data from National Profile of Local Health Departments and Forces of  
Change Studies**  
**Supplement: Request for Fee Waiver or Reduction**  
August 2020

1. Do you currently have financial support for the proposed research?  
 Yes  
 No
  
2. What is the name of the funding organization(s) supporting the proposed research?
  
3. What is the amount of support provided?
  
4. Are you in the process of applying for (additional) financial support?  
 Yes  
 No
  
5. Do you intend to do so in the future?
  
6. If you are requesting a fee *reduction*, list the amount that you are able to pay:  
\$ \_\_\_\_\_
  
7. Provide any other information that will assist NACCHO in evaluating your request for fee waiver or reduction.