**Application Signature Form**

2021 Review Cycle

Dear Applicant,

To allow NACCHO to confirm the submission of your Project Public Health Ready (PPHR) application for review, applicants are required to complete and submit this Application Signature form. NACCHO also requires applicants to submit Part 2 ($2,500) of their application fee to confirm participation in the **2021 Review Cycl**e.

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

Please mail this form along with Part 2 of your application fee to Laura Phonharath, NACCHO at 1201 Eye St. NW, 4th Floor, Washington, DC 20005. Please make checks payable to NACCHO. Both the Application Signature form and Part 2 payment are **due by Tuesday, August 31, 2021,** however they do not have to be received by NACCHO at the same time. Payment can also be made online by [clicking here](https://www.naccho.org/uploads/header-images/public-health-preparedness/Instructions-for-PPHR-Invoice-and-Payment-updated.pdf).

**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, both electronically and via mailed flash drive to NACCHO, **by August 31, 2021, 5pm Eastern Time**.

My agency agrees to pay a non-refundable $2,500 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.

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Agency Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Director Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

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.

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| Director Name and Prefixes:(Ms., Mr., Dr., etc.) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Director Degrees: (MD, MPH, etc.) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Director Position Title: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agency Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agency Street Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agency Street Address (cont.): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agency City, State, Zip Code: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Agency Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Application Lead Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Application Lead Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Application Lead Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State Lead Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State Lead Email: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| State Lead Phone: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |