

2024 National Champion of Local Governmental Public Health Award



Public Health
Prevent. Promote. Protect.

The **National Association of County and City Health Officials (NACCHO)** is pleased to announce the establishment of a new annual “National Champion of Local Governmental Public Health Award.”

This award gives recognition to outstanding, significant, and innovative activities and accomplishments by an individual, agency or organization that has consistently or, in an extraordinary way, promoted the visibility, resources for, importance of, and recognition of local governmental health departments or NACCHO on a national basis. It is hoped that the award will encourage others to act in a similar vein.

Eligibility

The recipient (s) of this award will demonstrate the following achievements:

- Significant activities and accomplishments to the field of local public health
- Demonstrated service to the advancement and impact to local public health
- Commitment, skill and effort demonstrated on behalf of local public health

The deadline to submit a nomination is January 8, 2024, at 11:59 PM PST.

To submit your application, please email this PDF, with any additional materials, to membership@naccho.org.

The award recipient will be selected in the spring and recognized at the 2023 NACCHO360 Conference, July 10–13 in Denver.



FOR MORE INFORMATION, PLEASE CONTACT:

membership@naccho.org
877.533.1320

NACCHO

National Association of County & City Health Officials



Public Health
Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 Eye Street, NW, Fourth Floor • Washington, DC 20005

First, tell us about you:

First Name: _____

Last Name: _____

Credentials: _____

Job Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

Now, tell us about the person/agency you are nominating:

First Name: _____

Last Name: _____

Credentials: _____

Job Title: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-mail: _____

***PLEASE LIMIT YOUR SUBMITTED RESPONSE
TO A MAXIMUM OF 1,000 WORDS PLUS ATTACHMENTS***

What is your relationship to the person you are nominating?

Service to Public Health:

Professional Experience:

Other/Letters of Support (Attach)