



Dr. R. Neil Lowry

Grant Nomination Form

Part I. To be filled out by Nominator

Check one of the following:

- Nominee is a public health official who is a citizen of the United States or Canada.
 Nominee is a public health department in the United States or Canada.

Name of Person Submitting This Form: _____
Department: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country: _____
Phone: _____ Fax: _____ Email: _____
Signature: _____ Date: _____

Part II. Complete this section if Nominee is a Public Health Official. Check box if nominating himself/herself.

- Same as Nominator Above

Name of Individual Being Nominated: _____
Department: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country: _____
Phone: _____ Fax: _____ Email: _____

Part III. Complete this section if Nominee is a Public Health Department.

Department Being Nominated: _____
Address: _____
City: _____ State/Province: _____ Zip/Postal Code: _____
Country: _____
Phone: _____ Fax: _____ Email: _____

Please email the nomination form to awards@phta.org by 5:00 p.m. EST, Friday, November 22, 2024.



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Part IV. Outstanding Contribution or Program to be Considered for the Dr. R. Neil Lowry Grant

(Attach additional sheets if necessary)

Please be sure to address the following information in the section below:

- Describe your planned/proposed program
- Describe the need or problem addressed, service provided, and benefit to public health and safety
- Describe the impact of the expected results
- Attach any supporting documentation
- Minimum: 250 words; Maximum: 1,000 words

Part V. If awarded, please describe how the Dr. R. Neil Lowry Grant money will be spent.

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