CERTIFICATION OF COMPLIANCE

# WITH THE SECURITY AND CONFIDENTIALITY STANDARDS FOR PUBLIC HEALTH DATA AND DESIGNATION OF OVERALL RESPONSIBLE PARTY (ORP)

By signing and submitting this form, we certify our compliance with “[NCHHSTP Security and Confidentiality Guidelines](https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf).” We acknowledge that all standards included in the NCHHSTP Security and Confidentiality Guidelines have been implemented unless otherwise justified in an attachment to this statement. We agree to apply the standards to all local/state staff and contractors funded through NCHHSTP that have access to or maintain confidential public health data. We ensure all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the ORP and available upon request.

**Name(s), occupation, and organizational affiliation of the proposed ORP.**

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| Name | Title | Affiliation |
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Applicant/Recipient Name Grant/Cooperative Agreement Number

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Signature: Principle Investigator Signature: Authorized Business Official

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Date Date