

Application and Statement of Commitment- Cohort 3 November 2021-April 2023

Renewal Application			
State/Jurisdiction:		Date:	
Please indicate who to continue into Co □ Bullying Prevent □ Motor Vehicle T □ Poisoning Prevent	tion raffic Safety (includes child passenger sa ention (includes the prevention of prescrip ected Infant Death (SUID) Prevention	your state/jurisd	er/passenger safety)
2. Would your state or jurisdiction like to form any <u>additional</u> Strategy Teams during Cohort 3?☐ Yes☐ No			
☐ Poisoning Preve	tion raffic Safety (includes child passenger safention (includes the prevention of prescrip ected Infant Death (SUID) Prevention f-Harm Prevention		
Name	7-1-		
Job Title			
E-mail Address		Phone Number	
If you are adding an additional Strategy Team(s), we encourage you to notify senior leadership of your work. You may choose to ask them to sign this renewal application (below).			
Maternal and Child H	ealth Director (OPTIONAL)		
Name			
Signature			
Job Title			
E-mail Address		Phone Number	