

"fedramp-test-2024-questions-lara\_sutherland: jenkins-awards.practicegreenhealth.org - Create Sheets Pull Request for Probo-870"



## Statement of Accuracy and Release

### Statement of Accuracy and Release

#### For the Primary Contact:

1. I certify that the contents of this application are accurate and true to the best of my knowledge.

☒ Yes

☐ No

#### Primary Contact Information

<b>1.a</b> Prefix: <input type="text" value="Select an option..."/>	<b>1.b</b> First Name: <input type="text"/>	<b>1.c</b> Last Name: <input type="text"/>
<b>1.d</b> Title: <input type="text"/>	<b>1.e</b> Email: <input type="text"/>	<b>1.f</b> Phone: <input type="text"/>
<b>1.g</b> Date certified by Primary Contact: <input type="text"/>		

**IMPORTANT:** All award notification emails will be sent to the Primary Contact listed above. Please verify the email address is correct. Practice Greenhealth will also reach out to the **Primary Contact** for data clarification or application-specific questions.

**For Senior Leadership:** This sign-off should be someone from the C-Suite such as a CEO, President, or VP of Operations or Support Services.

2. I certify that the contents of this application are accurate and true to the best of my knowledge.

☒ Yes

☐ No

#### Senior Leader Contact Information

<b>2.a</b> Prefix: <input type="text" value="Select an option..."/>	<b>2.b</b> First Name: <input type="text"/>	<b>2.c</b> Last Name: <input type="text"/>
<b>2.d</b> Title: <input type="text"/>	<b>2.e</b> Email: <input type="text"/>	<b>2.f</b> Date certified by Senior Leadership: <input type="text"/>

2.g Please indicate if you wish for this Senior Leader to be copied on the Award Notification email.

☐ Yes

☐ No

Please ensure the Senior Leader's contact information is correctly spelled and formatted.

3. This **Award application**, or parts thereof, may be shared with other Practice Greenhealth members for educational purposes.

☐ Yes

☐ No

4. The **attachments** provided with this application may be shared with other Practice Greenhealth members for educational purposes.

☐ Yes

Award Notification

Please tell Practice Greenhealth where the **award plaque** should be sent. Typically this plaque is mailed to a member of the organization's senior leadership or the primary contact.

5. Who should the **award plaque** be sent to?

- ☐ Primary Contact
- ☐ Senior Leader
- ☒ Other

Please provide name, title and shipping address for other leader below (no PO boxes, please):

Contact for Award Plaque		
5.a Prefix: <div>Select an option... ▾</div>	5.b First Name: <div></div>	5.c Last Name: <div></div>
5.d Title: <div></div>	5.e Email: <div></div>	5.f Phone: <div></div>

Shipping Address

6. Organization Name: <div></div>	7. Mailing Address Line 1: <div></div>	8. Mailing Address Line 2: <div></div>
9. City: <div></div>	10. State: <div>Select an option... ▾</div>	11. Zip Code <div></div>

12. If your address is outside the continental United States please use this space to complete your full address

13. Please write the **name of the facility** exactly as it should be listed on any award plaques, certificates, or for any marketing and communications purposes.

Photographs

14. Please attach a **single photograph** to be used for promotional purposes.

The photo represents your facility and may also be used in Practice Greenhealth media work. Please attach an image file that showcases your programmatic work if possible (e.g., your green team, an innovative sustainability project, action shots, your Farmers Market, Earth Day booths, etc).

Please only attach high resolution image files (jpeg or png, etc.). No Word documents. Name your file using the following syntax: Facility Name\_Health System (if any)\_description of photo\_year taken (E.g., Green Hospital\_Green Health System\_green roof\_2023).

15. You may also provide any additional relevant photographs or files by attaching them here.

16. (Second optional relevant photograph or file)

Feedback

17. Please take a moment to provide brief feedback on revisions and updates to this year's Award application, and any new features offered within the application interface. This section is completely OPTIONAL.

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**18.** How would you rate the **overall user experience** with the electronic application system?

- ☐ Excellent
- ☐ Above average
- ☐ Average
- ☐ Below average
- ☐ Unsatisfactory

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**19.** How would you rate the **quality of the application**?

- ☐ Excellent
- ☐ Above average
- ☐ Average
- ☐ Below average
- ☐ Unsatisfactory

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**20.** Any other comments:

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**21.** Is your facility interested in having Practice Greenhealth provide feedback or a gap analysis on the contents of this application as a means to support goal-setting and strategy?

- ☐ Yes
- ☐ No
- ☐ I want to learn more about this offering

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