



National Association of Chronic Disease Directors

Confirmation Notice of Honoraria/Stipend for a meeting

Note: Please provide this information to ap.nacdd@chronicdisease.org.

Must submit 30 days prior to the event.

All confirmation letters must be signed by the Chief Program Strategy Officer. A confirmation letter template is available on the consultant webpage.

To receive payment, the individuals should email ap.nacdd@chronicdisease.org a completed W9 form and an invoice or a signed confirmation letter. The individual must complete a W9 tax form, which is available on the consultant webpage.

Name of NACDD Consultant: _____
Program# and Name: _____
Project#: _____
Grant year (federal funds): _____
Date(s) of meeting: _____
Name of meeting: _____
Location of meeting: _____
Are there funds available: Yes ☒ No ☐
Budgeted amount for stipends/honoraria: _____
Are there funds available?: Yes ☒ No ☐

Individuals to be paid:

Full Name of Individual	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____

Staff Accountant _____ Date _____

Senior Director of Finance _____ Date _____

Chief Program Strategy Officer _____ Date _____

Portfolio Manager _____ Date _____