HHS OMH "Promoting Lifelong Healthy Habits Among Children and Adolescents in Medically Underserved Communities" Challenge Participant/Solver Registration Form

Phase 1 Submission Deadline: March 31, 2027, 11:59 PM ET

Register for Phase 1 by completing and signing this form and emailing it to minorityhealth@hhs.gov by March 31, 2027, at 11:59 PM ET. Please use "Registration for OMH Healthy Habits Challenge" as your email subject line.

Section 1

I am registering for this Challenge as a(n):

☐ **INDIVIDUAL** (*i.e.* on behalf of myself).[a] If you checked this box, you must complete **Section 2.**

☐ **TEAM** (*i.e.* on behalf of a group of individuals).[b] If you checked this box, you must complete **Section 3**.

☐ **ENTITY** (*i.e.* on behalf of a legally established organization, institution, or corporation).[c] If you checked this box, you must complete **Section 4**.

**When making a choice of whether to submit as a TEAM or an ENTITY, the difference will be how the prize is paid; for a TEAM, it will be paid to the TEAM LEADER who then distributes payment to the other TEAM members, and for an ENTITY, it will be paid to the ENTITY itself.

[a] To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of themselves (*i.e.* as an INDIVIDUAL) must be a citizen or permanent resident of the United States. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part).

[b] To be eligible to win a monetary prize under this Challenge, a Participant registering on behalf of a group of individuals (*i.e.* as a TEAM) must be a citizen or permanent resident of the United States. However, non-U.S. citizens and non-permanent residents can participate as a member of a TEAM that otherwise satisfies the eligibility criteria. Non-U.S. citizens and non-permanent residents are not eligible to win a monetary prize (in whole or in part). Their participation as part of a winning TEAM, if applicable, may be recognized when the results are announced.

[c] For a legally established organization, institution, or corporation (*i.e.* an ENTITY) to be eligible to win a monetary prize under this Challenge, the ENTITY must be incorporated in and maintain a primary place of business in the United States.

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Section 2: INDIVIDUAL Registration

If you are registering for this Challenge as an INDIVIDUAL (i.e. on your OWN behalf and NOT on behalf of a TEAM or an ENTITY), provide your name and contact information as follows:

First Name	Last Name	Middle Name
Phone Number	Email	
City	State	

Additionally, complete the following certification:

☐ I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the *Announcement of Requirements and Registration for the "Promoting Lifelong Healthy Habits Among Children and Adolescents in Medically Underserved Communities"*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

A digital signature is required to complete this form. Please do not print, sign, and scan this document; signatures submitted in this manner will not be accepted. Instead, applicants should use the built-in digital signature tool in your PDF software to electronically sign the document before submitting it.

Signature	Print Name	Date

Section 3: TEAM Registration

If you are registering for this Challenge on behalf of a TEAM (i.e. you and all members are participating on your own behalf and NOT on behalf of an ENTITY), provide the following information about the TEAM LEADER:

First Name	Last Name	Middle Name
Phone Number	Email	

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Office of Minority Health

City | State

Also, provide the name(s) and contact information for each member of the TEAM. Additional space is available in Section 5 if needed.

Name | Email

Name | Email

Name | Email

Name | Email

Name | Email

Additionally, the TEAM LEADER and EACH TEAM MEMBER must complete the following certification:

☐ I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the *Announcement of Requirements and Registration for "Promoting Lifelong Healthy Habits Among Children and Adolescents in Medically Underserved Communities" Challenge*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

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Signature | Print Name | Date

Signature	Print Name	Date
Signature	Print Name	Date

**Additional space is available in Section 5 if needed.*

Section 4: ENTITY Registration

If you (alone or with multiple individuals) are registering for this Challenge on behalf of an ENTITY (i.e., you and others, as applicable, are NOT registering on your own behalf, but you are registering on behalf of an ENTITY), provide the contact information for that ENTITY:

ENTITY Name	City	State

Please also provide the following information for a POINT OF CONTACT for the participating ENTITY. The POINT OF CONTACT is the individual who is participating in the challenge on behalf of an ENTITY. If multiple individuals are participating together on behalf of an entity, the POINT OF CONTACT is the lead for the group.

First Name	Last Name	Middle Name
Phone Number	Email	

If multiple individuals are participating together on behalf of an entity, provide the name(s) and contact information for all other individuals. Additional space is available in Section 5 if needed:

Name	Email
Name	Email
Name	Email

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Name	Email
Name	Email

Additionally, the POINT OF CONTACT must complete the following certification:

☐ I certify that I have the authority to register for this Challenge on behalf of the ENTITY listed above; that the ENTITY meets the eligibility criteria stated in the *Announcement of Requirements and Registration for the "Promoting Lifelong Healthy Habits Among Children and Adolescents in Medically Underserved Communities" Challenge*; and that the ENTITY agrees to comply with the official rules and requirements of the Challenge and that participation in this Challenge constitutes full and unconditional agreement to abide by them.

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Signature	Print Name	Date

If multiple individuals are participating together on behalf of an entity, all individuals must complete the following certification:

☐ I have read and understand the official eligibility criteria, rules, and requirements of the Challenge as stated in the *Announcement of Requirements and Registration for the "Promoting Lifelong Healthy Habits Among Children and Adolescents in Medically Underserved Communities" Challenge*. I agree that to participate in the Challenge, I must comply with the official eligibility criteria, rules, and requirements and that my participation in this Challenge constitutes my full and unconditional agreement to abide by them.

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Signature	Print Name	Date

Signature	Print Name	Date

**Additional space is available in Section 5 if needed.*

Section 5: Additional Contact Information (Optional)

Contact Information

Provide the name(s) and email address(es) for all other individuals:

Certification

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