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| **Date Submitted:** | **Program**: |
| **Agency:**      | **Total Budget:** |
| **Agency Contact:** | **Funding Source: [ ] General Fund [ ] Federal [ ] Dedicated** |
| **Phone:**      | **Fund:** |
| **E-Mail:** |  |

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| **Promotional Items Information** |  |

**Description of Promotional Items**

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| Type of Promotional Item:Quantity:Distribution Plan:Is new creative/artwork necessary? Explain. |

### Justification

Please describe in the box below how this sponsorship will help your program meet its strategic goals and/or positively impact your targeted audience. Be sure to incorporate how the item fits in with the FY17 Marketing Plan.

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| **Agency Communications****Director Signature:** | **Date:** |

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| **Agency Chief Financial****Officer Signature:** | **Date:** |

SPECIAL NOTE: Please return completed form to the Communications Efficiency Committee at OMBCommunications@omb.in.gov.