

MARKETING DESIGN REQUEST

State Form 54183 (R / 4-20)



INDIANA
DEPARTMENT OF
WORKFORCE
DEVELOPMENT

Please fill out this form completely and submit to Dave Shatkowski for approval.
Questions? 317-234-7671 or DShatkowski@dwd.in.gov

A two (2) week notice is required for Graphic Design services.

► Contact Information

Name:		Date (mm/dd/yy):
Telephone:	E-mail:	

► Project Details

Project Name:	<input type="checkbox"/> Internal Promotion <input type="checkbox"/> External Promotion	
Project Due Date (mm/dd/yy):	DWD Program:	
Project Number:	Funding Source: <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Dedicated	
Fund Number:	Activity Code:	
Program Number:	Department Number:	
OMB Communications Committee: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Budget:	
Quantity:	<input type="checkbox"/> Print <input type="checkbox"/> Digital	Color: <input type="checkbox"/> B/W <input type="checkbox"/> Color

Publication:			
<input type="checkbox"/> Flyer / Handout	<input type="checkbox"/> Logo	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Layout
<input type="checkbox"/> Brochure	<input type="checkbox"/> Booklet	<input type="checkbox"/> Poster / Signage	<input type="checkbox"/> Program
<input type="checkbox"/> Website Image	<input type="checkbox"/> Invitation	<input type="checkbox"/> Photos	<input type="checkbox"/> Other _____

Who is your target audience?

Marketing Design Request *(continued)*

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What is the key message or information that you want to communicate?

What is the call to action?

Copy

Logos required/other requirements