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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:** |

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

SPECIAL NOTE: Please return completed form to the Communications Efficiency Committee at [OMBCommunications@omb.in.gov](mailto:OMBCommunications@omb.in.gov).