



EDUCATIONAL MATERIAL/INCENTIVE ITEM/MEDIA REQUEST

Safe Routes to School Program
OPPE/RIPD
State Highway Administration
707 N. Calvert Street, C-502, Baltimore, MD 21202
PHONE 410 545 8042 / FAX 410 209 4828



Project Title: \_\_\_\_\_ Project #: \_\_\_\_\_
Project Agency: \_\_\_\_\_
Activity/Event Date: \_\_\_\_\_ Funding for Requested Item(s): \$ \_\_\_\_\_

Check Appropriate Box (one form per request):
[ ] Educational Material [ ] Incentive Item [ ] Media
Target Audience: \_\_\_\_\_

SRTS Policies:
Written approval must be obtained PRIOR to developing requested items and/or contracting with a vendor.
ALL ITEMS MUST:
• Include the SRTS logo & the SHA logo, or acknowledgement, in accordance with SRTS/SHA policy
• Relate directly to the project objectives
• Be appropriate for the target audience.
• Be procured in accordance with your agency's procurement methods.
Educational Materials MUST:
(Educational Materials include, but are not limited to: booklets, brochures, posters, book covers, book marks, & materials designed to be distributed to the public at large.)
• Be ordered in a quantity that is in accordance with the size & date of the projected activity.
Incentive Items MUST:
(Incentive Items include, but are not limited to: pens, mugs & materials designed to be distributed to any audience.)
• Include a highway safety message that DIRECTLY relates to SRTS objectives.
• Be safety related and relate directly to an objective and activity within the Project Agreement.
• Be ordered in a quantity that is in accordance with the size & date of the projected activity.
Media MUST:
(Media includes, but is not limited to: TV, radio & print PSAs, as well as press items.)
• Include an evaluation plan, if funding for paid media is over \$100,000 (evaluation plan includes estimates of number of individuals reached, self-reported behavioral changes, etc.).

Describe the item you are requesting & attach draft verbiage.
[Large empty box for description]

How does the item directly relate to the project?:
[Large empty box for relation]

Quantity requested: \_\_\_\_\_
How will the item be distributed/aired?: \_\_\_\_\_

(Please be sure to include a copy of the finalized item along with your Reimbursement Claim.)

Project Coordinator Signature: \_\_\_\_\_
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

FOR SRTS USE ONLY
[ ] Approved [ ] Not Approved [ ] Approved with modification(s)\*
\* Explain modification(s): \_\_\_\_\_
SRTS Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Communications Signature (if needed): \_\_\_\_\_ Date: \_\_\_\_\_