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.

How does the item directly relate to the project?:

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: __________________________

form 7-9/13