AZ Health Zone Nutrition Education Reinforcement Item (NERI) Request Form

**Local Implementing Agency Name:** Click here to enter text.

**Item Information (One item per request form)**

* **Item Description (include link or attachment with photo):** Click here to enter text.
* **Nutrition or Physical Activity Message:** Click here to enter text.
* **Total # of Items:** Click here to enter text.
* **Total Cost (including tax and shipping):** Click here to entertext.
* **Cost per Item (include a quote):** Click here to enter text.
* **Message and Graphics:** Click here to enter text.

**Work Plan**

* **The NERI will support the following strategy(ies):** Click here to enter text.
* **The NERI will support activities described in the following objective(s):** Click here to enter text.

**Distribution Plan**

* **Describe the audience for this NERI:** Click here to enter text.
* **The NERI will be distributed during this time frame:** Click here to enter text.
* **The NERIs will be distributed at the following type of locations/activities:** Click here to enter text.

**Describe how the NERI supports multilevel interventions and/or local communication activities which utilize multiple communication channels. Describe the connection between direct education, PSE, and the NERI.** (Example 1: Coupons for grocery totes received after completion of a DE series are redeemable at local farmers’ markets . Messaging on the tote matches Farmer’s Market promotion within the community. Example 2: Hip pack or water bottle with physical activity message distributed at one or more activities leading up to the opening of a new local walking trail. Messaging promotes physical activity and use of the trail:

Click here to enter text.

**Note: ADHS Communications Team approval required on all artwork/logos. Attach art files separately.**