

All fields must be completed

Local Implementing Agency _____

Communities _____

Item Information (One item per request form) _____

Item Type and Link to Item <small>(i.e. Water Bottle, Plant Kit)</small>	
Nutrition or Physical Activity Message	
Total Number of Items	
Cost Per Item (must be under \$5.00)	
Total expenditure <small>(# of items * cost per item) + shipping + tax</small>	

Connection to DE and PSE _____



Curriculum NERI Supports _____

Example: Eating Smart Being Active



PSE Connection with NERI _____

Example: NERI supports efforts to increase use of the walking trails in community area

Distribution Plan _____

Example: NERI will be distributed to the adult attendees of the walking club at Bowlerina Community Center at the end of the Eating Smart, Being Active courses provided by our team. Courses are part of a series, and NERI will be given out at the last session. Attendance will not be taken, however, these courses are promoted as a series and it is recommended to attend all three (but not required).

Budget Information _____

The expense above is already included in the agency budget.

- Yes
 No, funds will be moved from _____

Proofs Are Included in Email: _____

- Yes
 No, will be sent to the communications team in a separate email (cc azhealthzone@azdhs.gov)

Complete this form and submit to azhealthzone@azdhs.gov. Please include any relevant attachments (project description, scope of work, etc.)