

Pennsylvania Department of Drug and Alcohol Programs

REQUEST FOR MEDIA / COMMUNICATIONS APPROVAL

IDENTIFICATION		
Submitting SCA's name and provider name utilizing media (if applicable):		
Today's Date:	Requested Release Date: (Please allow 6 weeks for approval.)	
Point of Contact:	Phone:	Email:
CONTENT		
Type of Media Being Submitted (check all that apply):		
<input type="checkbox"/> Billboard**	<input type="checkbox"/> Print Advertisement (Newspaper/Magazine)	<input type="checkbox"/> PAID Radio Advertisement**
<input type="checkbox"/> FREE Radio Public Service Announcement**		<input type="checkbox"/> FREE TV Public Service Announcement**
<input type="checkbox"/> Other (specify):		
** Billboards/Radio or TV Ads: Please specify any information below regarding costs (placement and creative), number of billboards/ radio/ TV ads, dates when billboard/radio/TV ads will run, locations where the billboard/radio/TV ads will run and times the radio or TV ads will be aired and how long in length are they 30 sec/60 sec:		
Target audience: please specify (gender/age/race)		
Please specify the Objective/Purpose/Goal of Media:		
Estimated cost breakout for media items:		
Funding Source (e.g. SAPT Block Grant, CPGT gambling funds, county funds, STR/SOR Grant, etc.):		