

Marketing Efforts Form – Metro Region

SharePoint Column Number : _____ (AA/OM Use) ___SNAP-Ed ___EFNEP ___Both EDUCATOR _____

QTR: 1 2 3 4

Contact Person: _____ Event Date: ____/____/____

Agency Name: _____

Address: _____ BORO: _____ Zip Code: _____

Contact Phone: _____ Email: _____

Description/Type of Event: Choose from the list below. (√) check only---no number needed

	Radio PSA
	TV PSA
	Website/Social Media Nutrition Message
	Newspaper Articles
	Billboards, Bus wraps, etc.
	Public Display*

Completing the Marketing Effort Form “Description/Type of Event”

All Radio PSA’s conducted in the quarter can be reported on one form;

All TV PSA’s on one form;

All Website/Social Media Nutrition Messages on one form;

All Newspaper Articles on one form;

All Billboards, etc. on one form.

All Public Displays can be recorded on one form or on different forms, depending on the degree of tracking the local level would like to employ. Only a summary is needed for the State and Federal reporting.

*Public display is:

Marketing presentation at a community agency, FMNP, etc.

Brochure/Poster display in waiting area of community agency, etc.

If Public Display: Choose from the list below. (√) check only---no number needed

	Sponsored and Participated
	Participated only

Target Audience Reached: Total number of low-income persons of the total audience who participated or were exposed to the marketing message.

Summary:

Contact Hours (Event length): _____ **OR** Number of Postings: _____ **OR** Number of Airings: _____