

PUBLIC SERVICE CAMPAIGN APPLICATION

Name of Non-Profit Group Requesting Assistance: _____

Headquarters Street Address: _____

City/State/Zip Code: _____

What is the purpose and/or nature of this group? _____

Size of paid staff? _____ What is the group's sales tax number? _____

Contact person: _____

Address (if different from above): _____

City/State/Zip Code: _____

What local or national mechanism exists for distribution of information and materials?
Please attach any supporting materials with your application. _____

Is the group currently utilizing "public service" announcements (PSA's)
from broadcast or print media? If so, please list media: _____

If PSA's were not produced by the media donating space, how were
they produced? Please explain by who and at what cost to the group. _____

What result vehicle do you have in place to measure results? _____

If your organization is selected for this campaign, the Black Hills Advertising Federation will coordinate and design a
concept for an awareness campaign utilizing donated media time and space.

Objectives of campaign (limit to 3) -

Target audience(s) (limit to 3) -

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Please remit this form and any supporting materials to:

Black Hills Advertising Federation, PO Box 8251, Rapid City, SD 57709-8251

Thank you for your participation.