



MATERIALS REVIEW REQUEST FORM

HIV Prevention

Date Submitted:	By:
------------------------	------------

E-mail address:

Name of Agency:

Name or Description of Material to be reviewed: (only one (1) item per request form)

Type of Material-please put an **X** in the box next to your response on the section below:

<input type="checkbox"/>	Brochure/Pamphlet	<input type="checkbox"/>	Curriculum
<input type="checkbox"/>	Video	<input type="checkbox"/>	Website
<input type="checkbox"/>	Fact Sheet	<input type="checkbox"/>	Other:

Target Audience:
 Risk Group:
 Ages:
 Sex:
 Minority/People of Color (**X** in the box if yes):

Briefly describe *where and how* materials will be utilized:

Briefly describe how material was developed – *i.e.*, in-house, with impacted audience input, etc.

Date Approval Needed:	<input type="checkbox"/>	SUBGRANTEE? (X in the box if yes) (Internal: Copy to Subgrant Manager for File)
------------------------------	--------------------------	---

e-mail request form to:
ann.chambers@dhhs.ne.gov

or mail with material to be reviewed to:
HIV Public Education Coordinator
301 Centennial Mall South, 3rd Floor
Lincoln, NE 68508