Communications Department PROJECT PROPOSAL FORM



Please fill out and email to communications@shakopee.k12.mn.us.

PROJECT/INITIATIVE _____

After your proposal is received a communications team member will contact you to set up an initiation meeting/discussion.

Please provide adequate amount of time to complete all projects, if we can not meet your deadline we will let you know in advance.

DATE REQUIRED*			
*A project timeline is based	d on a maximum of 2 sets of re	visions and materials submit	ted on schedule.
DEPARTMENT			
PRIMARY PROJECT C	ONTACT		
FINAL APPROVAL FR	ом		
	at would you like to accomplisi		
TARGET AUDIENCE V	Who are you trying to reach?		
□ Staff	☐ Parents	□ Alumni	☐ Community
□ Current Students	□ Future Students	□ Other	
	information or impression do y	, I I want to tour o min and du	
	look and feeling you are trying		- 6
	□ Formal 		
	Specific photos/images or log		
□ Attached	☐ To come		
FINAL COPY/TEXT De	sign cannot start until final cop		
□ Attached	☐ To come		
PROJECT DELIVERAE	BLES Check all that apply		
☐ Invitation ☐ Pu	blication \square Brochure	□ Flyer □ A	dvertisement
□ Newsletter □ Po	stcard 🗆 Other		
FOR DELIVERABLES	Check all that apply and other	specifics	
□ Color		☐ Size	
□ Print Ready Copy (c□ Other	crop/bleed marks)	□ Standard Copy (w	eb/internal printing)

COMMUNICATIONS USE ONLY

DATE RECEIVED		
ASSIGNED TO		
INITIATION MEETING		
PROOF #1 (to client)		
CHANGES #1 (from client)		
PROOF #2 (to client)		
CHANGES #2 (from client)		
*A project timeline is based on a maximum of 2 sets of revisions and materials submitted on schedule.		
TO PRINT		
DELIVERY		
NOTES		

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DELIVERT INSTRUCTIONS	
NAME	
DEPARTMENT	BUILDING/ROOM
EMAIL ADDRESS	PHONE NUMBER
ANY ADDITIONAL INFORMATION	

THANK YOU FOR YOUR PROJECT SUBMISSION—WE LOOK FORWARD TO WORKING WITH YOU!