TODAY DATE

 Return to mlilly@indianasoybean.com

Purdue Extension – X County

CONTACT

ADDRESS 1

ADDRESS 2

Dear CONTACT NAME,

 We are excited about the opportunity to work with Purdue Extension- X County on the PARP Credit Sponsorships at the ***NAME OF EVENT OR MEETING on DATE OF MEETING in [NAME OF] county.*** This event is important to soybean and corn farmers because it helps engage and provide them with valuable training that will assist them on their operations. Sponsoring PARP credits for the farmers in attendance will further communicate the value of the checkoff programs and help meet ISA and ICMC’s goal of engaging more closely with the farmers in the state.

The Indiana Soybean Alliance and Indiana Corn Marketing Council has agreed to pay a sponsorship in the amount of $10 per private applicator attending the training and signing up to receive PARP credits. The expected number of applicators attending and receiving credits is X.

 As a deliverable to sponsoring this event, ISA and ICMC need host to:

* Present logos and mention of sponsorship included on outreach or marketing materials advertising the event and or Event sign up forms (digital or physical).
* Play the provided general checkoff video during the training.
	+ YouTube: <https://www.youtube.com/watch?v=RJZJCu0zft8>
	+ Downloadable: <https://drive.google.com/file/d/1SSfwaJPeBt1Gp9qtfFwSmk50S3LmdyI_/view?usp=sharing>
* Include logos during the program and an in-person mention that the Indiana Corn Marketing Council and Indiana Soybean Alliance through their checkoff dollars are sponsoring private applicators by offsetting their PARP fees.
* Sign or initial (electronic) below and return this sponsorship form at least 10 days prior to your event.

Our sponsorship is made possible by the Corn and Soybean checkoff programs. The use of Soybean and Corn checkoff dollars to influence governmental policy or action is prohibited.

Thank you for helping us serve Indiana farmer, together.

Sincerely,



Hannah Vorsilak

Marketing Outreach and Leadership Director, ISA, ICMC

**SIGNATURE OF EXTENSION OFFICER or REPRESENTATIVE**

I understand that remuneration for the fees are based upon the criterion listed above. I also understand that ISA/ICMC will be sending chemical resistant gloves for the number of attendees listed above to the address listed above. If the address should be different than the one above, please note the appropriate address below. I understand an invoice checklist is included on the next page of this sponsorship form, and I will submit an invoice with the necessary information.

Address to send gloves (If different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would there be opportunity for a representative from ISA/ICMC attend to give remarks during the presentation? (yes or no) \_\_\_\_\_\_\_\_\_\_\_\_

Digitally Initial or Sign Here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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After your event, please submit an invoice to mlilly@indianasoybean.com and include the following information on your invoice:

* Name of Extension Office and County receiving the funds and/ or hosting the event (please note if this does not match your sponsorship application)
* Total number of private applicators at the event
* Total amount to be refunded @ $10/person
* Name of organization where checks are to be made payable.
* Address where payment should be sent

All invoices for events between Oct. 1, 2022 – Sept. 30, 2023 (ISA and ICMC Fiscal year) should be submitted by September 30, 2023.