



PARP SPONSORSHIP REQUEST FORM PROCESS AUTOMATION

Go to this website to fill out Sponsorship request and review program requirements. If you have questions on this process, please contact Melanie Batalis – mbatalis@indianasoybean.com or 317-840-8798.

<https://incornandsoy.org/parp/>

We are excited about the opportunity to work with Purdue on PARP Credit Sponsorships. These events are important to soybean and corn farmers because they help 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. Our sponsorship is made possible by the checkoff programs. The use of corn and soybean checkoff dollars to influence governmental policy or action is prohibited.

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.

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

1. Present logos and mention of sponsorship included on outreach or marketing materials advertising the event and or event sign up forms (digital or physical).
2. Play the provided general checkoff video during the training: YouTube: [Watch](#) or download [here](#).
3. 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.
4. Electronically sign this online sponsorship form at least 14 days prior to your event to allow time for shipment of gloves.

Thank you for helping us serve Indiana farmers, together. To begin, please complete the information below.

First Name

0/20

Last Name

0/35

Email

0/50

[Next](#)

At this screen select next

PARP Sponsorship Package

Select items from the list below

Available Items

PARP Sponsorship Agreement

[Back](#) [Next](#)



Verify information you entered and then select next

PARP Sponsorship Package

Is this contact information correct?

First Name
Chantel

Last Name
Rammel

Email Address
crammel@indianasoybean.com

Back Next



You will see this notification that you will receive an email with link to submit the Sponsorship Request form.

PARP Sponsorship Package

Thank you for submitting your request. You will receive an email with a unique link to complete your PARP Sponsorship request online. If you do not see the email in your inbox, please check your Junk/SPAM folder. If you have further questions, please contact Melanie Batalis at mbatalis@indianasoybean.com.

This is the email you will receive. Click this link to fill out the Sponsorship Request Form.

Dear Chantel,

Thank you for your interest in having ISA/ICMC sponsor a PARP event. To complete your request for sponsorship, you will need to complete a request online using the link at the bottom of this email. As the event host, please be aware of the following deliverables:

Deliverables:

1. Present logos and mention of sponsorship included on outreach or marketing materials advertising the event and or event sign up forms (digital or physical).
2. Play the provided general checkoff video during the training: YouTube: [Watch](#) or download [here](#).
3. 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.
4. Electronically sign this online sponsorship form at least 14 days prior to your event in order to allow time for shipment of gloves.

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.

Click [here](#) to fill out your Form Package.



After you click above. You will see this screen and Select Continue

Recipient: Chantel Rammel

This form package is intended for Chantel Rammel

Please ensure that you review the email you received for any file uploads that may be required by this package.

Leave Continue



This screen will come up and Select I Agree

Recipient: Chantel Rammel

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Language

English

Acknowledging your consent to receive and sign documents electronically

Participant agrees that electronic signatures appearing on any and all agreements are the same as handwritten for the purpose of validity, enforceability and admissibility. To confirm to us that you can access this information electronically, which will be similar to other electronic notices, disclosures and agreements that we will provide to you, please confirm below that you have read this ERSD. If you consent to receiving notices, disclosures and agreements exclusively in electronic format as described herein, then select the 'I agree' button to use electronic records and signatures within the system. By selecting the 'I agree' button to use electronic records and signatures, you confirm that you can access and read this ERSD and you accept electronic signatures as the same as handwritten. At any time, you may request from us a paper copy of any record provided or made available electronically to you by us.

Decline I Agree



Select Begin Form Completion to complete the Sponsorship Request Form.

Recipient: Chantel Rammel

Form: PARP Sponsorship Agreement

Begin Form Completion



Today's Date: _____

Purdue Extension: _____

Full Name: Chantel Rammel

Address: _____

Fill out form. County is selected from drop down list. When the form is filled out hit next.

First Recipient

Saved

Info

Purdue Extension (County) (Required)

Marion

First Name (Required)

Chantel

Last Name (Required)

Rammel

Street Address 1 (Required)

8425 Keystone Crossing

Street Address 2

Suite 200

City (Required)

Indianapolis

State (Required)

Indiana

Zip Code (Required)

46240

Phone (Required)

317-617-0865

Email (Required)

crammel@indianasoybean.com

26/75

1/4 Next



Fill out details about event on Page 2 of Sponsorship Request and hit next.

Recipient: Chantel Rammel

Save

Form: PARP Sponsorship Agreement

First Recipient

Event Details

Name of Event or Meeting (Required)

PARP Meeting Marion County

Expected Attendance (Required)

Enter the expected number of applicators attending and receiving credits.

15

Date of Meeting (Required)

06/15/2023

(Format MM/DD/YYYY)

County of Meeting (Required)

Marion

Representative (Required)

Would there be opportunity for a representative from ISA/ICMC attend to give remarks during the presentation?

Yes

Back

2/4

Next



Fill out page 3 of Sponsorship Request. If you need gloves select yes. If the shipping address of gloves is different than what you entered above enter it here. **Please note, if you need gloves, this form must be filled out 14 days prior to event.** Hit next when this page is complete.

Recipient: Chantel Rammel

Form: PARP Sponsorship Agreement

First Recipient

Gloves

ISA/ICMC will be sending chemical resistant gloves for the number of attendees listed above to the address entered previously, unless you specify that you do not need gloves.

Gloves

Do you need gloves?

Shipping

Enter shipping address if different than the address previously entered.

Shipping Street Address 1

Shipping Street Address 2

Shipping City

Shipping State

Shipping Zip Code

 3/4 

Read terms of Sponsorship and sign Form Manually or Select Signature template and hit submit.

Recipient: Chantel Rammel

S

Form: PARP Sponsorship Agreement

First Recipient

Signature

Signature (Required)

I understand that remuneration for the fees are based upon the below criteria. I also understand that ISA/ICMC will be sending chemical resistant gloves for the number of attendees listed above to the address indicated, unless otherwise specified. I understand that I will need to submit a reimbursement request online with the necessary information prior to October 10, 2023. I also agree to the following deliverables:

1. Present logos and mention of sponsorship included on outreach or marketing materials advertising the event and or event sign up forms (digital or physical).
2. Play the provided general checkoff video during the training: YouTube: [Watch](#) or download [here](#).
3. 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.
4. Electronically sign this online sponsorship form at least 14 days prior to your event to allow time for shipment of gloves. **If form is not signed in that timeframe, gloves cannot be shipped.**

Digitally sign here:

Signature Type

- Draw Signature Select Signature

Chantel Rammel

Chantel Rammel

Chantel Rammel



You will receive a message on the screen your form has been submitted. The below email will be received after our staff review your request and ship gloves if needed.

This email gives you everything you need for your event. You will have logos and you can download the checkoff video. If you requested one of our Producers do a presentation, that will be coordinated with Melanie Batalis. After your event, you will click the link to fill out your invoice.



parp@indianasoybean.com
To: Chantel Rammel

☺ Reply Reply All Forward 📧 ⋮
Fri 4/21/2023 10:00 AM



Dear Chantel,

RE: Marion County Extension
PARP Event Date: 6/15/2023
Event Name: PARP Meeting Marion County

This email indicates your sponsorship request has been accepted and your gloves have been shipped (if you requested them). Please see the attached checkoff logos. Please note you must play the general checkoff video during the meeting. YouTube: [Watch](#) or download [here](#).

Once you have completed your PARP Event, you will need to use the following link to generate a request for reimbursement. Please save the below link because it uniquely identifies your event. The Form Package link below is your Request for Reimbursement. If you are not the person to complete this information, you will need to forward this email to the appropriate party to fill out the form link. Please note, if someone other than you submits the reimbursement request using this link, you will still be the person notified that ISA/ICMC has received your reimbursement request. If you have questions, you can contact Melanie Batalis at mbatalis@indianasoybean.com.

Click [here](#) to fill out your Form Package.

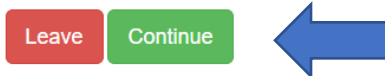
Thank you for your partnership with our checkoff organizations.

This screen will come up first and you will select Continue.

Recipient: Chantel Rammel

This form package is intended for Chantel Rammel

Please ensure that you review the email you received for any file uploads that may be required by this package.



Select I agree on this screen.

Recipient: Chantel Rammel

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

Language

English

Acknowledging your consent to receive and sign documents electronically

Participant agrees that electronic signatures appearing on any and all agreements are the same as handwritten for the purpose of validity, enforceability and admissibility. To confirm to us that you can access this information electronically, which will be similar to other electronic notices, disclosures and agreements that we will provide to you, please confirm below that you have read this ERSD. If you consent to receiving notices, disclosures and agreements exclusively in electronic format as described herein, then select the 'I agree' button to use electronic records and signatures within the system. By selecting the 'I agree' button to use electronic records and signatures, you confirm that you can access and read this ERSD and you accept electronic signatures as the same as handwritten. At any time, you may request from us a paper copy of any record provided or made available electronically to you by us.

Decline

I Agree



Select Begin Form Completion. This will serve as your invoice and calculate the reimbursement amount. You will need to select number receiving credit and also enter Total attendees for our records.



Recipient: Chantel Rammel

Form: PARP Reimbursement Request

Begin Form Completion



1 of 1 Automatic Zoom



PARP Reimbursement Request

Requestor Name: _____

Requestor Phone: _____ Email: _____

Extension County: Marion Date of Event: 6/15/2023

Name of Event: PARP Meeting Marion County

of Attendees receiving PARP Credits: _____ x \$10 = \$ _____

Total # of Attendees: _____

Check Payable To: _____

Payment Address (if different than address on sponsorship request)

This is the Form you will complete. Hit Save/Submit when done (green button at bottom of form).

Recipient: Chantel Rammel

Form: PARP Reimbursement Request

First Recipient



Reimbursement

Extension County

First Name (Required)

7/25

Last Name (Required)

6/35

Phone (Required)

Email (Required)

26/50

Event/Meeting Date

(Format MM/DD/YYYY)

Event/Meeting Name

26/255

Number of Attendees receiving PARP Credit (Required)

Please enter the actual number of attendees receiving PARP credits at your event/meeting.

Total Number of Attendees

Check Payable To (Required)

30/255

Payment Address

Enter a payment address if it is different that the original address listed on your sponsorship agreement.

Payment Street Address

20/200

Payment City

12/100

Payment State

Payment Zip


5/10



Once your invoice is approved by our staff. You will receive this confirmation email and payment will be processed! If you have not received your payment within the three week timeframe, you can contact dhenry@indianasoybean.com to check on status.

PARP Reimbursement Request Received



parp@indianasoybean.com
To  Chantel Rammel



Fri 4/21/2023 10:07 AM

Dear Chantel,

We have received your request for PARP reimbursement. Payment should be received within 3 weeks.

Thanks,
ISA/ICMC