



New & Revised Fact Sheets & MPs (Miscellaneous Publications)  
**PUBLICATON SUBMISSION FORM (323X)**

<b>Publication #:</b> _____
<b>WD Program:</b> _____
<b>Banner Fund No:</b> _____
<b>Org. No.:</b> _____

<b>PUBLICATION OWNERSHIP</b>			Driving Worktag: _____
WD Cost Center: _____	WD Designated: _____	WD Grant: _____	
WD Program: _____	WD Project: _____	WD Gift: _____	
WD Fund: _____	WD Agency: _____	WD Function: FN0320	WD Site: CS028

<b>PUBLICATION REVENUE FOR PRINT-ON-DEMAND (6180)</b>			Driving Worktag: Designated
WD Cost Center: _____	WD Designated: _____	WD Grant: _____	
WD Program: _____	WD Project: _____	WD Gift: _____	
WD Fund: FD101	WD Agency: _____	WD Function: FN0320	WD Site: CS028

<b>PUBLICATION REVENUE (ONLY IF NOT PRINT-ON-DEMAND (6180))</b>			Driving Worktag: _____
WD Cost Center: _____	WD Designated: _____	WD Grant: _____	
WD Program: _____	WD Project: _____	WD Gift: _____	
WD Fund: _____	WD Agency: _____	WD Function: FN0320	WD Site: CS028

Publication Title: \_\_\_\_\_

PRIMARY Author: \_\_\_\_\_ Author's Title: \_\_\_\_\_

SECONDARY Author: \_\_\_\_\_ Author's Title: \_\_\_\_\_

Other Authors/Titles: \_\_\_\_\_

Department: \_\_\_\_\_

**TYPE OF PUBLICATION**     Fact Sheet     Misc. Pub. (MP)     Other \_\_\_\_\_

**NEW:** Print in:     Color **OR**     Black and White     MP Option 1: color cover with b/w inside  
 MP Option 1: color cover with color inside

**Store for publication order system in:** (Check one below)  
 Print on demand (200 copies to be printed and distributed to counties) (add 200 in no. copies blank below)  
 Warehouse (check reason for stocking below)  
 Paid for by grant     For-sale publication     Other reason \_\_\_\_\_

**REVISION:** Print in:     Color **OR**     Black and White     MP Option 1: color cover with b/w inside  
 MP Option 1: color cover with color inside

**Store for publication order system in:** (Check one below)  
 Print on demand (Check one below)  
 Print 200 copies to be printed and distributed to counties) (**add 200 in no. copies blank below**)  
 For minor revisions only (logo, EEO, author change, very minor content): Print NO county copies  
 Warehouse – must print revision to change out stock in warehouse (check one below)  
 Paid for by grant     For-sale publication     Other reason \_\_\_\_\_  
 What publication does this replace (if different title or pub no.): \_\_\_\_\_

**REPRINT:**  Moving to print on demand (no changes in content)     Printing to restock supply in warehouse (no changes)

SPECIAL INSTRUCTIONS \_\_\_\_\_

DISTRIBUTION: Return copies to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU NEED THIS PUBLICATION TRANSLATED? \_\_\_\_\_

IF YES, WHAT LANGUAGE? \_\_\_\_\_

STORE IN  Print on demand  Warehouse

DATE NEEDED: \_\_\_\_\_

NO COPIES NEEDED: \_\_\_\_\_ 5 Copies to Communications

**PRINTING SPECIFICATIONS (FILLED OUT BY PUBLICATIONS)**

Total # of Pages: \_\_\_\_\_ Paper Stock: \_\_\_\_\_ Ink Colors: \_\_\_\_\_

Finished Size: \_\_\_\_\_ Paper Colors: \_\_\_\_\_

Fold  Binding:  Saddlestitch  Perfect binding

Other Reason  Other

CES cost: \_\_\_\_\_ In-state/Out-of-state costs: \_\_\_\_\_

File sent by: \_\_\_\_\_ File location/name: \_\_\_\_\_

**APPROVAL SIGNATURES (FILLED OUT BY REQUESTING DEPARTMENT)**

Title: \_\_\_\_\_

Date: \_\_\_\_\_ Author Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Department Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Associate Director Signature: \_\_\_\_\_

**ALSO PLEASE OBTAIN APPROVAL:**

- To sell a publication.
- From grant manager, if printing cost of publication will be covered by a grant.
- To offer a publication for re-sale if printing cost paid for by grant funds.

**REVIEW FORM, NEW AND REVISED PUBLICATIONS (FILLED OUT BY REQUESTING DEPARTMENT)**

Type NAME OF REVIEWER here: \_\_\_\_\_

Type TITLE OF REVIEWER here: \_\_\_\_\_

**Note for reviewer:** Please check the attached manuscript for accuracy of subject matter. Comments may be written on the manuscript.

**Subject Matter:** The subject matter content of this manuscript.

- Is accurate and in keeping with current research findings in the field.  
 Is inaccurate in some respect(s) and notations are made in the text or on attached sheet(s).  
 Is inaccurate and is not in keeping with current research findings in the field.

**4-H PUBLICATION REVIEW** This publication has been reviewed by appropriate 4-H faculty member:

Date: \_\_\_\_\_ 4-H Faculty Member Signature: \_\_\_\_\_