## INSTRUCTIONS FOR COMPLETING AUDIOVISUAL CLEARANCE REQUEST (HHS FORM 524A)

This form is to be filed with the Office of the Assistant Secretary for Public Affairs (2 copies) for all audiovisual products – including exhibits – whether produced in-house or under contract. This form must be completed and approved before actual production may begin. If the cost exceeds \$50,000, a written evaluation plan is required. If more than \$100,000 is involved, a written evaluation and formal message testing are required.

Before the first item: Project I.D. Number – Use the Identification Number assigned to this project by OASPA when it was submitted for concept review. This number appears on the copy of the Concept Review Form (HHS 676) returned to you by OASPA.

- 1. Self-explanatory.
- 2. Self-explanatory.
- 3. Choose one of the following to describe the "Type of Product": motion picture, videotape, audio, exhibit, slides, or other. If other, please specify.
- 4. A. Choose one of the following to describe the "Category of Product": public information, education, training, public affairs, news, public service announcement (PSA), research, documentary, or other, if other, please specify.
  - B. Check all that apply.
  - C. Check all that apply. If modified in-house, specify services provided by HHS and those provided by contractor. This requires a breakout of services (i.e., contractor to film, editing to be done in-house).
- 5. This must include: (A) statement of purpose, (B) evidence of need, (C) statement of how the product will be used and by whom, (D) evidence that the product is not duplicative. If this is a training product; in addition to the above, give the reason for the training and evidence that this is the best medium. Use attachments if necessary.
- 6. List all intended audiences. Use attachments if necessary.
- 7. Self-explanatory.
- 8. Explain all methods of distribution. If this request is for an exhibit, explain where it is to be used, for what size groups, with what frequency, and how long.
- 9. Self-explanatory.
- Self-explanatory.
- 11. List all methods that will be used to evaluate the product. Include message testing.

The rest is self-explanatory.

No subsequent change in terms, dollar amounts, conditions, or additions can be made to the product described herein without written approval of OASPA.

GPO 306-279

## OFFICE OF THE ASSISTANT SECRETARY FOR PUBLIC AFFAIRS AUDIOVISUAL CLEARANCE REQUEST

SEE THE BACK OF THIS FORM FOR INSTRUCTIONS

PR	OJECT ID NO.	CSD REC'D				
1.	TITLE/SUBJECT					
2.	OP/DIV AGE	ENCY PROGRAM OFFICE				
	CONTACT PERSON	TELEPHONE				
	ADMINISTRATIVE CODE					
3.	TYPE OF PRODUCT					
4.	A. CATEGORY OF PRODUCT					
	B. TECHNICAL SPECIFICATIONS (Check applicable)					
	□ SOUND □ COLOR   □ ANIMATION □ NARRATION   □ LOCATION □ STUDIO   □ LENGTH □ B & W	☐ FILM SIZE ☐ MUSIC ORIGINAL				
	FOR EXHIBITS ONLY:					
		ART/PHOTO DISPLAY AND TYPE VIDEO COMPONENT				
	C. METHOD OF PRODUCTION (Check):					
	<ul> <li>□ WHOLLY IN-HOUSE</li> <li>□ MODIFIED IN-HOUSE</li> <li>□ MODIFIED IN-HOUSE</li> <li>□ MODIFIED IN-HOUSE</li> <li>□ MODIFIED IN-HOUSE</li> <li>□ WHOLLY UNDER CONTRACT</li> <li>□ MODIFIED IN-HOUSE</li> <li>□ WHOLLY UNDER CONTRACT</li> <li>□ WHOLLY UNDER CONTRACT</li></ul>					
	D. ESTIMATED LIFE OF PRODUCT					
5.	PURPOSE AND JUSTIFICATION					
6.	INTENDED AUDIENCES					
7.	TRANSLATION: YES NO	LANGUAGE				
8.	METHOD(S) OF DISTRIBUTION					
9.	NUMBER OF COPIES	PRINTS				
10.	NAC TITLE SEARCH REQUIRED: YES	S ☐ NO (If yes, attach completed NAC 202)				
11.	METHOD(S) OF EVALUATION					
12.	SCHEDULE:					
	DEVELOPMENT FROM PRODUCTION FROM DISTRIBUTION FROM PROMOTION FROM	TO TO TO				

13.	PRODUCTION COST ESTIMATES:			
			IN-HOUSE PR	OCURED
	A. RESEARCH & WRITING			
	B. PRODUCTION	-		
	C. RELEASE PRINTS	-		
	D. DISTRIBUTION	-		
	E. PROMOTION	-		
	F. OTHER (Specify)	-		
	TOTAL			
		_		
	GRAND TOTAL			
	SOURCE OF FUNDS			
	CONTRACTED PROCUREMENT:		S □ NO (If yes, attach a	nnroyad Form 524)
	CONTRACTED PROCUREMENT.			pproved Form 324)
14.	APPROVALS:			
			01011471177	247
	TITLE		SIGNATURE	DATE
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	AGENCY	_	SIGNATURE	<b>DATE</b>
	AGENCY OP/DIV		SIGNATURE	DATE
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## **USE THIS PAGE TO PROVIDE ADDITIONAL INFORMATION**