

## **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.
10. 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.

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

SEE THE BACK OF THIS FORM FOR INSTRUCTIONS

**PROJECT ID NO.**

**CSD REC'D**

1. **TITLE/SUBJECT**

2. **OP/DIV**

**AGENCY**

**PROGRAM OFFICE**

**CONTACT PERSON**

**TELEPHONE**

**ADMINISTRATIVE CODE**

3. **TYPE OF PRODUCT**

4. **A. CATEGORY OF PRODUCT**

**B. TECHNICAL SPECIFICATIONS (Check applicable)**

**SOUND**

**COLOR**

**FILM SIZE**

**MUSIC ORIGINAL**

**ANIMATION**

**NARRATION**

**TAPE SIZE**

**MUSIC CANNED**

**LOCATION**

**STUDIO**

**LIVE**

**STOCK FOOTAGE (Off shelf)**

**LENGTH**

**B & W**

**SOUND EFFECTS**

**FOR EXHIBITS ONLY:**

**TYPE ONLY**

**ART/PHOTO DISPLAY AND TYPE**

**AUDIO COMPONENT**

**VIDEO COMPONENT**

**C. METHOD OF PRODUCTION (Check):**

**WHOLLY IN-HOUSE**

**WHOLLY UNDER CONTRACT**

**MODIFIED IN-HOUSE** *(If this is checked, please specify what is to be produced under contract and what is to be developed internally)*

**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**     **NO** *(If yes, attach completed NAC 202)*

11. **METHOD(S) OF EVALUATION**

12. **SCHEDULE:**

**DEVELOPMENT**

**FROM**

**TO**

**PRODUCTION**

**FROM**

**TO**

**DISTRIBUTION**

**FROM**

**TO**

**PROMOTION**

**FROM**

**TO**

**13. PRODUCTION COST ESTIMATES:**

	IN-HOUSE	PROCURED
A. RESEARCH & WRITING	_____	_____
B. PRODUCTION	_____	_____
C. RELEASE PRINTS	_____	_____
D. DISTRIBUTION	_____	_____
E. PROMOTION	_____	_____
F. OTHER ( <i>Specify</i> )	_____	_____
 TOTAL	_____	_____
 GRAND TOTAL	_____	_____

**SOURCE OF FUNDS**

CONTRACTED PROCUREMENT:       YES       NO (*If yes, attach approved Form 524*)

**14. APPROVALS:**

	TITLE	SIGNATURE	DATE
AGENCY		_____	_____
OP/DIV		_____	_____
OASPA		_____	_____

**USE THIS PAGE TO PROVIDE ADDITIONAL INFORMATION**