

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. AGENCY _____ PROGRAM/CONTACT _____

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 (<i>Off Shelf</i>)
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 TITLES 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 _____

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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*)

APPROVALS:

	TITLE	SIGNATURE	DATE
AGENCY	_____	_____	_____
OPDIV	_____	_____	_____
OASPA	_____	_____	_____