

1. Production Title:

2. Sponsor (Division/Branch/Office/Institution):

3. Contact Information

Name:

Title:

Telephone Number:

4. Purpose:

5. Objectives:

6. Anticipated Useful Life (Describe any need for periodic updating):

7. Treatment (To accomplish production's purpose - briefly describe completed product's length, content, and approach):

8. Medium Selection (Discuss the selected medium, any alternatives considered, and the reasons for the selection):

9. Target Audience (Include size and characteristics and provide cost per viewer using estimated budget):

10. Distribution and Promotion Plan:

11. Evaluation Plan:

12. Estimated Budget (production, editing, duplication, distribution, and evaluation):

Review and Approval					
Authority	Approval Required *	Signature	Approval		Date
			Yes	NO	
Warden/Branch Chief/CEO	Y				
Regional Director/ Assistant Director	Y				
Assistant Director IPPA					
Assistant Director HRMD					
Director					

*Approval required field to be completed by Communications Director upon receipt of proposal.

****PLEASE INCLUDE THE NECESSARY RELEASE FORMS FOR BOP AND NON-BOP EMPLOYEES, CONTRACTORS, VOLUNTEERS AND INMATES, AND COPYRIGHT RELEASE FORM, PAGES 3, 4 AND 5 OF THIS PROPOSAL.**

(This form may be replicated via WP)

Audiovisual Production Proposal- Photo/Video/Audio Release Form

(BOP Employee, Contractor, Volunteer or Inmate) ^{CDFRM}

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Project Title:

Name (please print):

ID:BOP

Register number (if applicable):

Facility:

I, _____, do freely give the Federal Bureau of Prisons (and/or contractors working on behalf of the Bureau of Prisons), permission to take photographs and/or make video or audio recordings of me. I authorize the Bureau of Prisons to use these photos/recordings, edited as the producer deems appropriate, now and in the future, for any legitimate Bureau of Prisons purpose and/or to any agency constituency group. I understand that there is no compensation for my participation.

Agreed to and signed by me this _____ Day of _____, 20____.

Signature:

Witness signature: (staff)

Witness name: (print)

Note: copies of signed forms are to be kept in the inmate's Central File (or in the case of an employee, in the employee's Official Personnel Folder), in the producer's files, and in the BOP archives.

**Audiovisual Production Proposal- Photo/Video/Audio Release Form
(Non-BOP Employee, Contractor, Volunteer or Inmate)^{CDFRM}**

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Project Title:

Name (please print):

Address:

City:

State:

ZIP Code:

Telephone:

I, _____, do freely give the Federal Bureau of Prisons (and/or contractors working on behalf of the Bureau of Prisons), permission to take photographs and/or make video or audio recordings of me. I authorize the Bureau of Prisons to use these photos/recordings, edited as the producer deems appropriate, now and in the future, for any legitimate Bureau of Prisons purpose and/or to any agency constituency group. I understand that there is no compensation for my participation.

If the person appearing in the video is under the age of 18, I certify that I am his or her parent or legal guardian and give my consent without reservation to the foregoing on his or her behalf.

Agreed to and signed by me this _____ Day of _____, 20____.

Signature:

Individual or Parent/Legal Guardian

Witness signature: (staff)

Witness name: (print)

Audiovisual Production Proposal- Copyright Release CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

1. This office is preparing works to be published for the Federal Bureau of Prisons (BOP), entitled,
2. Permission is requested to include in it the following material:
3. We are a Federal Government Agency that will be using this solely for the purposes of internal training and/or orientation (i.e., staff, contractor & volunteer), or communication with the agency's constituency groups.
4. We will assign credit to the artist(s), producing organization, and all applicable unions in the title credits of this production.
5. Please Reply to:

Release

I,
(Print name) (Name of organization)

Hereby Grant BOP permission to use the graphics described on a royalty-free basis.

Signature:

Date: