

INSTRUCTIONS BEFORE SUBMITTING THIS PROJECT TO PA2@DHHS.NC.GOV:

- 1 Has your text been **fully approved** by every party involved? Please attach your document in an editable format.
- 2 Do you have all appropriate signatures required by your Division? **Please DO NOT send this form to us via DocuSign!** Please sign this form within Adobe Acrobat via a Digital Signature ([Creating a Digital ID guide](#)) or you can sign via the Fill & Sign tool.
- 3 **Please plan ahead.** We ask that you allow a minimum of 1 week for each stage of the process you need (review, design and translation).
- 4 We are now providing a review on all **Spanish materials**. Our translators have restrictions on what they can translate, but they can review materials translated by an internal team member or an external vendor. Programs are responsible for translations that do not fall under our translators funding (COVID, health disparity, & public health). [Click here for info on the external translation process.](#)
- 5 Have you thought about **your audience** and any **accessibility concerns** for them to understand your document? Please note any additional audience information/concerns in the project description section (font size, color contrast, reading level, etc.).
- 6 **Please note where images in your project are from.** Legal advises that we only use images from 1) a paid subscription (Communications has a subscription with Getty [see our [guides](#)] or you can use your divisions internal subscription plan.) 2) photos you take (we need a signed photo consent form on file for each identifiable person in the photo) or 3) images from the web or another group that you have written permission (email is fine) to use from the original image owner(s). Ask us if you have questions or need help finding approved images.

CONTACT INFORMATION

DIVISION/SECTION/PROGRAM: _____

CONTACT NAME: _____ PHONE: _____ EMAIL: _____

PROJECT INFORMATION

PROJECT TITLE: _____ COMPLETION DATE: _____

PROJECT DESCRIPTION:

AUDIENCE: ☐ DHHS INTERNAL ☐ GENERAL PUBLIC ☐ HEALTH CARE PRACTITIONER ☐ OTHER: _____PROJECT WILL BE: ☐ PRINTED ☐ POSTED TO THE WEB ☐ OTHER: _____GRAPHIC DESIGN HELP REQUESTED? ☐ YES ☐ NO IS THIS A: ☐ NEW PROJECT ☐ REVISION TO A PAST PROJECTSPANISH HELP REQUESTED? ☐ TRANSLATION ☐ REVIEW (Please provide the English document too)

COMMENTS:

BUDGET (Estimated cost, if applicable): _____ PRINT QUANTITY (If applicable): _____

DIVISION/OFFICE PROJECT/CONTENT APPROVAL

Your signature below indicates your approval of all content/text/spending related to the project presented for review and/or graphic support. Each Division/Office may have different internal approval procedures, some requiring signatures of Section Chief/Program Head or Director. All projects with an estimated cost of \$5,000 or more must include sign-off from the Division/Office Director.

SUPERVISOR 1: _____ DATE: _____ COMMENTS:

SUPERVISOR 2: _____ DATE: _____

SUPERVISOR 3: _____ DATE: _____

OFFICE OF COMMUNICATIONS CONTENT/DESIGN APPROVAL

COMMS MANAGER: _____ DATE: _____ COMMENTS:

DESIGNER: _____ DATE: _____