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# ACF SPEAKER BUREAU REQUEST

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| SPONSOR’S CONTACT INFORMATION |
| 1. Contact Name:
 | 1. Organization Name:
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| 1. Organization Address:
 |
| 3a. Organization City:  | 3b. Organization State:  | 3c. Organization Zip:  |
| 1. Office Number:
 | 1. Cell Number:
 | 1. Email Address:
 |
| 1. Please give a brief description of your organization:

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| 1. Public Affairs/Media Contact Name:
 | 1. Public Affairs/Media Contact Email:
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| 1. Public Affairs/Media Contact Cell:
 | 1. Public Affairs/Media Contact Title:
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| SPONSOR’S ORGANIZATION DETAILS |
| 1. Name of sponsoring organization:
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| 1. Website of sponsoring organization:
 |
| 1. How is the organization structured? Choose an item.
 | 1. Type of membership: Choose an item.
 |
| 1. How many members are in the organization? Choose an item.
 |
| 1. Has your organization engaged in any lobbying activities? 〇 Yes 〇 No
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| 1. Is your organization planning future lobbying activities? 〇 Yes 〇 No
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| EVENT DETAILS |
| 1. Name of Event:
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| 1. Name of Organization Hosting Event:
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| 1. Event Location and Venue Name:
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| 1. Event Type (e.g., Conference/Summit, Briefing, Webinar, Roundtable, Reception, Award):
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| 1. Venue Street Address:
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| 5a. Venue City:  | 5b. Venue State:  | 5c. Venue Zip:  |
| 1. Event Start (At least 60 days out):  Click or tap to enter a date.
 | 1. Event End Click or tap to enter a date.
 | 1. Open-Ended Event Date:
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| 1. General Description and Event Purpose:
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| 1. Indicate and specify and media coverage (i.e., general media and/or trade press, local, regional, print, web, etc.):
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| 1. Is there a fundraising component to this event? 〇 Yes 〇 No
 |
| 1. Is an award, certificate, gift, or other item being presented to the speaker? 〇 Yes 〇 No
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| 1. Is the event open to the public or invite-only? 〇 Open 〇 Invite
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| 1. Will you be requesting other ACF employees to speak at this event? 〇 Yes, if yes how many 〇 No
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| PRESENTATION DETAILS |
| 1. Date of speaker’s presentation: Click or tap to enter a date.
 | 1. Type of membership: Choose an item.
 |
| 1. Length of Requested Presentation: Choose an item.
 | 1. Audience and Key Participants: Choose an item.
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| 1. Speaking Start Time:
 | 1. Speaking End Time:
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| 1. Audience Size: Choose an item.
 | 1. Audiovisual Capabilities: 〇 Yes 〇 No
 |
| 1. Type of Participation: 〇 Keynote 〇 Remarks 〇 Round Table 〇 Panel 〇 Fireside Chat 〇 Breakout 〇 Presentation
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| 1. Is an alternative presentation approach feasible besides an in-person presentation? Choose an item.
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| 1. Will this meeting be recorded? 〇 Yes 〇 No
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| 1. Will there be an opportunity for Q&A? 〇 Yes 〇 No
 | 1. Q&A Duration:
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| ACF-SPECIFIC INFORMATION |
| 1. Enter the requested ACF employee’s name (If known):
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| 1. Would you be willing to accept an alternate speaker if the individual requested is unavailable? 〇 Yes 〇 No
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| 1. What ACF Office are you requesting? (Select one)

〇 a. Office of the Deputy Secretary (IOAS)〇 b. ACF Tech 〇 c. Administration for Native Americans (ANA)〇 d. Administration for Children, Youth and Families (ACYF)〇 e. Children’s Bureau (CB)〇 f. Office of Early Childhood Development (ECD)〇 g. Family and Youth Services Bureau (FYSB)〇 h. Office of Child Care (OCC)〇 i. Office of Child Support Services (OCSS)〇 j. Office of Community Services (OCS)〇 k. Office of Family Assistance (OFA)〇 l. Office of Family Violence Prevention and Services (OFVPS)〇 m. Office of Head Start (OHS)〇 n. Office of Human Services, Emergency Preparedness and Response (OHSEPR)〇 o. Office of Planning, Research, and Evaluation (OPRE)〇 p. Office of Refugee Resettlement (ORR)〇 q. Office of Trafficking in Persons (OTIP) |
| 1. What is the proposed topic of the requested speaker’s presentation?
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| 1. Deadline to receive speaker confirmation: Click or tap to enter a date.
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| ADDITIONAL INFORMATION |
| 1. Please attach the request on formal organization letterhead as a PDF or Word document. List ALL required speakers. File attachment cannot exceed 5MB.
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| 1. Please submit a completed agenda with all invited speakers, lobbyists, elected officials, and topics as a PDF, Word document, or online via a web address. Drafts are acceptable. File attachment cannot exceed 5MB.
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| CERTIFICATION |
| I certify that I am an authorized representative of the sponsoring organization listed on this form. I understand any falsifications or misleading information is grounds for this request being denied. ☐ I certify the information provided herein.  |

**Please save a copy of the completed form and email it to** **ACFSpeakerRequests@acf.hhs.gov**