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# ACF SPEAKER BUREAU REQUEST

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| SPONSOR’S CONTACT INFORMATION | | | | | |
| 1. Contact Name: | | | 1. Organization Name: | | |
| 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: | | | | | |
| 1. Public Affairs/Media Contact Name: | | | 1. Public Affairs/Media Contact Email: | | |
| 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: | |
| 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 | |
| 1. Is your organization planning future lobbying activities? 〇 Yes 〇 No | |

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| EVENT DETAILS | | | |
| 1. Name of Event: | | | |
| 1. Name of Organization Hosting Event: | | | |
| 1. Event Location and Venue Name: | | | |
| 1. Event Type (e.g., Conference/Summit, Briefing, Webinar, Roundtable, Reception, Award): | | | |
| 1. Venue Street Address: | | | |
| 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: |
| 1. General Description and Event Purpose: | | | |
| 1. Indicate and specify and media coverage (i.e., general media and/or trade press, local, regional, print, web, etc.): | | | |
| 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 | | | | |
| 1. Is the event open to the public or invite-only? 〇 Open 〇 Invite | | | | |
| 1. Will you be requesting other ACF employees to speak at this event? 〇 Yes, if yes how many 〇 No | | | |
| 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. | |
| 1. Speaking Start Time: | | 1. Speaking End Time: | |
| 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 | | | |
| 1. Is an alternative presentation approach feasible besides an in-person presentation? Choose an item. | | | |
| 1. Will this meeting be recorded? 〇 Yes 〇 No | | | |
| 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): |
| 1. Would you be willing to accept an alternate speaker if the individual requested is unavailable? 〇 Yes 〇 No |
| 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? |
| 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. |
| 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**](mailto:ACFSpeakerRequests@acf.hhs.gov)