

ACF SPEAKER BUREAU REQUEST

SPONSOR'S CONTACT INFORMATION

1. Contact Name:		2. Organization Name:	
3. Organization Address:			
3a. Organization City:		3b. Organization State:	
		3c. Organization Zip:	
4. Office Number:		5. Cell Number:	
		6. Email Address:	
7. Please give a brief description of your organization:			
8. Public Affairs/Media Contact Name:		9. Public Affairs/Media Contact Email:	
10. Public Affairs/Media Contact Cell:		11. Public Affairs/Media Contact Title:	

SPONSOR'S ORGANIZATION DETAILS

1. Name of sponsoring organization:	
2. Website of sponsoring organization:	
3. How is the organization structured? <input type="text"/>	4. Type of membership: <input type="text"/>
5. How many members are in the organization? <input type="text"/>	
6. Has your organization engaged in any lobbying activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Is your organization planning future lobbying activities? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EVENT DETAILS

1. Name of Event:		
2. Name of Organization Hosting Event:		
3. Event Location and Venue Name:		
4. Event Type (e.g., Conference/Summit, Briefing, Webinar, Roundtable, Reception, Award):		
5. Venue Street Address:		
5a. Venue City:	5b. Venue State:	5c. Venue Zip:
6. Event Start (At least 60 days out): Click or tap to enter a date.	7. Event End Click or tap to enter a date.	8. Open-Ended Event Date:
9. General Description and Event Purpose:		
10. Indicate and specify and media coverage (i.e., general media and/or trade press, local, regional, print, web, etc.):		
11. Is there a fundraising component to this event? <input type="checkbox"/> Yes <input type="checkbox"/> No		
12. Is an award, certificate, gift, or other item being presented to the speaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13. Is the event open to the public or invite-only? <input type="checkbox"/> Open <input type="checkbox"/> Invite		

14. Will you be requesting other ACF employees to speak at this event? <input type="checkbox"/> Yes, if yes how many <input type="checkbox"/> No	
PRESENTATION DETAILS	
1. Date of speaker's presentation: Click or tap to enter a date.	2. Type of membership: <input type="text"/>
3. Length of Requested Presentation: <input type="text"/>	4. Audience and Key Participants: <input type="text"/>
5. Speaking Start Time:	6. Speaking End Time:
7. Audience Size: <input type="text"/>	8. Audiovisual Capabilities: <input type="checkbox"/> Yes <input type="checkbox"/> No
9. Type of Participation: <input type="checkbox"/> Keynote <input type="checkbox"/> Remarks <input type="checkbox"/> Round Table <input type="checkbox"/> Panel <input type="checkbox"/> Fireside Chat <input type="checkbox"/> Breakout <input type="checkbox"/> Presentation	
10. Is an alternative presentation approach feasible besides an in-person presentation? <input type="text"/>	
11. Will this meeting be recorded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Will there be an opportunity for Q&A? <input type="checkbox"/> Yes <input type="checkbox"/> No	14. Q&A Duration:

ACF-SPECIFIC INFORMATION	
1. Enter the requested ACF employee's name (If known):	
2. Would you be willing to accept an alternate speaker if the individual requested is unavailable? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. What ACF Office are you requesting? (Select one) <ul style="list-style-type: none"> <input type="checkbox"/> a. Office of the Deputy Secretary (IOAS) <input type="checkbox"/> b. ACF Tech <input type="checkbox"/> c. Administration for Native Americans (ANA) <input type="checkbox"/> d. Administration for Children, Youth and Families (ACYF) <input type="checkbox"/> e. Children's Bureau (CB) <input type="checkbox"/> f. Office of Early Childhood Development (ECD) <input type="checkbox"/> g. Family and Youth Services Bureau (FYSB) <input type="checkbox"/> h. Office of Child Care (OCC) <input type="checkbox"/> i. Office of Child Support Services (OCSS) <input type="checkbox"/> j. Office of Community Services (OCS) <input type="checkbox"/> k. Office of Family Assistance (OFA) <input type="checkbox"/> l. Office of Family Violence Prevention and Services (OFVPS) <input type="checkbox"/> m. Office of Head Start (OHS) <input type="checkbox"/> n. Office of Human Services, Emergency Preparedness and Response (OHSEPR) <input type="checkbox"/> o. Office of Planning, Research, and Evaluation (OPRE) <input type="checkbox"/> p. Office of Refugee Resettlement (ORR) <input type="checkbox"/> q. Office of Trafficking in Persons (OTIP) 	
4. What is the proposed topic of the requested speaker's presentation?	
5. Deadline to receive speaker confirmation: Click or tap to enter a date.	

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.	
2. 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.	

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