ADMINISTRATION FOR CHILDREN & FAMILIES

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? Choose an item.	4. Type of membership: Choose an item.
5. How many members are in the organization? Choose an item.	
6. Has your organization engaged in any lobbying activities? ○ Yes ○ No	
7. Is your organization planning future lobbying activities? ○ Yes ○ 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? ○ Yes ○ No		
12. Is an award, certificate, gift, or other item being presented to the speaker? ○ Yes ○ No		
13. Is the event open to the public or invite-only? ○ Open ○ Invite		
14. Will you be requesting other ACF employees to speak at this event? ○ Yes, if yes how many ○ No		

PRESENTATION DETAILS	
1. Date of speaker's presentation: Click or tap to enter a date.	2. Type of membership: Choose an item.
3. Length of Requested Presentation: Choose an item.	4. Audience and Key Participants: Choose an item.
5. Speaking Start Time:	6. Speaking End Time:
7. Audience Size: Choose an item.	8. Audiovisual Capabilities: ○ Yes ○ No
9. Type of Participation: ○ Keynote ○ Remarks ○ Round Table ○ Panel ○ Fireside Chat ○ Breakout ○ Presentation	
10. Is an alternative presentation approach feasible besides an in-person presentation? Choose an item.	
11. Will this meeting be recorded? ○ Yes ○ No	
13. Will there be an opportunity for Q&A? ○ Yes ○ 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? ○ Yes ○ No
3. What ACF Office are you requesting? (Select one)
   - ○ a. Office of the Deputy Secretary (IOAS)
   - ○ b. ACF Tech
   - ○ c. Administration for Native Americans (ANA)
   - ○ d. Administration for Children, Youth and Families (ACYF)
   - ○ e. Children's Bureau (CB)
   - ○ f. Office of Early Childhood Development (ECD)
   - ○ g. Family and Youth Services Bureau (FYSB)
   - ○ h. Office of Child Care (OCC)
   - ○ i. Office of Child Support Services (OCSS)
   - ○ j. Office of Community Services (OCS)
   - ○ k. Office of Family Assistance (OFA)
   - ○ l. Office of Family Violence Prevention and Services (OFVPS)
   - ○ m. Office of Head Start (OHS)
   - ○ n. Office of Human Services, Emergency Preparedness and Response (OHSEPR)
   - ○ o. Office of Planning, Research, and Evaluation (OPRE)
   - ○ p. Office of Refugee Resettlement (ORR)
   - ○ 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