



## 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? <input type="radio"/> Yes <input type="radio"/> No	
7. Is your organization planning future lobbying activities? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No		
12. Is an award, certificate, gift, or other item being presented to the speaker? <input type="radio"/> Yes <input type="radio"/> No		
13. Is the event open to the public or invite-only? <input type="radio"/> Open <input type="radio"/> Invite		
14. Will you be requesting other ACF employees to speak at this event? <input type="radio"/> Yes, if yes how many <input type="radio"/> 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: <input type="radio"/> Yes <input type="radio"/> No
9. Type of Participation: <input type="radio"/> Keynote <input type="radio"/> Remarks <input type="radio"/> Round Table <input type="radio"/> Panel <input type="radio"/> Fireside Chat <input type="radio"/> Breakout <input type="radio"/> Presentation	
10. Is an alternative presentation approach feasible besides an in-person presentation? Choose an item.	
11. Will this meeting be recorded? <input type="radio"/> Yes <input type="radio"/> No	
13. Will there be an opportunity for Q&A? <input type="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No
3. What ACF Office are you requesting? (Select one) <ul style="list-style-type: none"> <li><input type="radio"/> a. Office of the Deputy Secretary (IOAS)</li> <li><input type="radio"/> b. ACF Tech</li> <li><input type="radio"/> c. Administration for Native Americans (ANA)</li> <li><input type="radio"/> d. Administration for Children, Youth and Families (ACYF)</li> <li><input type="radio"/> e. Children's Bureau (CB)</li> <li><input type="radio"/> f. Office of Early Childhood Development (ECD)</li> <li><input type="radio"/> g. Family and Youth Services Bureau (FYSB)</li> <li><input type="radio"/> h. Office of Child Care (OCC)</li> <li><input type="radio"/> i. Office of Child Support Services (OCSS)</li> <li><input type="radio"/> j. Office of Community Services (OCS)</li> <li><input type="radio"/> k. Office of Family Assistance (OFA)</li> <li><input type="radio"/> l. Office of Family Violence Prevention and Services (OFVPS)</li> <li><input type="radio"/> m. Office of Head Start (OHS)</li> <li><input type="radio"/> n. Office of Human Services, Emergency Preparedness and Response (OHSEPR)</li> <li><input type="radio"/> o. Office of Planning, Research, and Evaluation (OPRE)</li> <li><input type="radio"/> p. Office of Refugee Resettlement (ORR)</li> <li><input type="radio"/> q. Office of Trafficking in Persons (OTIP)</li> </ul>
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](mailto:ACFSpeakerRequests@acf.hhs.gov)