**HHS Conference or Conference Grant Request and Approval**

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| **Operating/Staff Division Information** |
| Operating or Staff Division |  |
| Office |  |
| **Conference Description** |
| Title/Topic |  |
| Purpose of Conference(Attach draft program agenda, if not available, check here: \_\_\_\_\_) |  |
| Explanation of How the Conference Directly Supports the OPDIV/STAFFDIV Mission |  |
| Justification for Conference Frequency (If scheduled regularly, explain the frequency of this conference and why the frequency is necessary. Include dates of the most recent prior conference as well as information on prior attendance size. If the size of the conference is increasing, justify why.) |  |
| **Dates To Be Held** |
| From: |  | To: |  |
| Justify the Number of Days(Explain why the conference cannot be conducted in 1 to 2 days less than planned) |  |
| **Location** |
| Venue |  |
| City |  |
| State or Country |  |
| Justification for Use of Non-Federal Space (Enter N/A if held in a Federal facility. If held in a facility that is not owned or controlled by the Government, explain the reason and basis for site selection) |  |
| Justification for why the conference could not be held via teleconference, video conference, etc. to reduce attendee travel. |  |
| **Audience** |
| Profession (Insert Description) |  |
| Total Number of Attendees(Provide Best Estimate) |  | Total Number of Attendees whose Travel Expenses will be paid by HHS |  |
| # of Federal Attendees |  | From above, # Federal Travelers |  |
| # of Non-Federal Attendees |  | From above, # of Non-Federal Travelers |  |
| Justification for the total number of attendees |  |
| **Primary Method Used to Support the Conference (Check One)** |
| Government Staff |  | Contractor/Planner Support |  | Other (Describe below) |  | Grant or Cooperative Agreement |  |
| **Cost Information** |
| Total Estimated Cost | $ | Cost Per Attendee: | $ |
| **Details on Costs to be Funded by HHS (See Last Page for Explanation)**  |
| **Hosting Costs** | **Attendance Costs**If multiple OPDIVs/STAFFDIVs are participating in your conference, please include the total HHS costs below. You will be asked to break out costs by OPDIV/STAFFDIV in CTA. |
| Contractor/Planner | $ | Federal Attendee Travel  | $ |
| Grant/Co-Ag | $ | Non Federal Attendee Travel | $ |
| Meeting Space/Venue  | $ | Federal Attendee Exhibit Costs | $ |
| Registration Website | $ | Non Federal Attendee Exhibit Costs | $ |
| Audio Visual | $ | Federal Attendee Registration Fees  | $ |
| Speaker Fees | $ | Non Federal Attendee Reg. Fees | $ |
| Printing | $ | Federal Attendee Other Costs (Explain below) | $ |
| Promotional Materials | $ |
| Training Materials | $ | Non Federal Attendee Other Costs (Explain below) | $ |
| Other | $ |
| If charging Registration Fees to hold an HHS Conference, explain the nature of the fees, provide the estimated amount of fees to be collected/used), and site the authority used: | Explanation of Other Costs for Federal/Non Federal Attendees: |
|  |  |
| Conference Sponsorship funded by another HHS OPDIV/STAFFDIV: Sponsor – provides funding for expenses incurred by another OPDIV/STAFFDIV for planning and conducting a conference. | $ |
| Reminder: Conferences that include food as part of the total estimated cost will not be approved. |
| **Additional Information** |
| Curriculum Based? | Yes |  | No |  | If yes, is there a course list? | Yes |  | No |  |
| If yes, describe the types of training materials |  |
| Early Registration Deadline (enter N/A if none): |  |
| Conference Website (enter N/A if none): |  |
| **Requestor Information** |
| Name |  |
| Title |  |
| Office |  |
| Signature |  |
| **OPDIV/STAFFDIV Senior Executive Officer or Senior Travel Official Approval** |
| Name / Title |  |
| Signature |  |
| Date |  |
| **OPDIV/STAFFDIV Approval****(If Total Estimated Cost Exceeds $75,000, the OPDIV/STAFFDIV Head Must Sign the Request)** |
| OPDIV/STAFFDIV Head Signature (or Designee if at or below $75,000) |  |
| Date |  |
| **Deputy Secretary Approval** **(Required if Total Estimated Cost Exceeds $75,000)** |
| Concur |  |  | Non-Concur |  |  |
| Signature |  |
| Date |  |

**Instructions for Details on Cost**

* General:
* Submit one form for each conference.
* Spell out any acronyms the 1st time they are used.
* In the applicable blocks, include dollars only (no narrative) to the nearest dollar (no decimals).
* Include all costs for which HHS funds will be obligated / expended except as noted below.
* Exclude the salary of full time government employees for planning, conducting, and/or attending the conference.
* Contractor/Planner:
* Include all estimated direct and indirect (e.g. overhead, general and administration, fee/profit) costs of any contractor support.
* If the other cost categories (meeting space/venue, non-federal attendee travel, etc.) are included in the contract – exclude those costs from this block, and record them in the appropriate block.
* If known, include contractor travel costs with the non-federal attendee travel information.
* Grant / Cooperative Agreement
* If the request supports a Conference Grant, insert the amount of associated with the conference.
* Meeting Space/Venue:
* Include the estimated cost of the conference facility, excluding expenses such as audio/visual that should be recorded in the appropriate block.
* Registration Website
* Include the estimated cost to establish, use, and maintain a registration website.
* Audio/Visual
* Include the estimated cost of the audio/visual, including videotaping, web streaming, etc.
* Speaker Fees
* Include the estimated cost of any speaker fees (excluding speaker travel, which shall be included in travel costs as applicable) to be paid.
* Printing, Promotional Materials, Training materials
* Include the estimated cost of any Printing, Promotional, or Training materials if separately identified.

Attendance Costs:

* Federal Attendee Travel
* For the number of federal attendees whose travel expenses will be paid by HHS, include the total estimated travel cost, including transportation, lodging, per diem, and other incidental costs that are allowable under the Federal Travel Regulation and expected to be incurred.
* Non-Federal Attendee
* For the number of non-federal attendees whose travel expenses will be paid by HHS (including contractor support), include the total estimated travel cost, including transportation, lodging, per diem, and other incidental costs that are allowable under the Federal Travel regulation and expected to be incurred. However, exclude travel costs to be reimbursed under a federal grant for grantee attendance at the conference.
* Registration Fees
* Include the total estimated cost of any registration fees to be charged to HHS funds to attend the conference. However, exclude registration fees to be reimbursed under a federal grant for grantee attendance at the conference.