

Reclamation Manual

Directives and Standards

Checklist for Evaluation of Proposed Conference

Bureau(s) / Office(s) Participating: Lead and Others to Participate:	Lead Bureau	Other Bureau	Lead Office	Other Office
Name and Contact Information of Conference Planner:	Contact Name	Contact Email	Contact Phone	
Conference Title/Subject:				
Location City/State and Facility:				
Date(s):				
Purpose/Objective:				
How is this conference listed in your annual plan?				
Estimated Number of Participants (Total/DOI):				
Estimated Cost (Include Cost Analysis Worksheet)				
Registration/Conference	Travel	Sponsorship	Other	Total

General Conference Review

1.	Have attendees recently attended similar conferences? Note redundancy vs. supplementary / complimentary event.	Yes	No	Comments
2.	Have the appropriate attendees been selected? (minimum necessary to complete mission)	Yes	No	Comments
3.	Is the location within allowable per diem limits?	Yes	No	Comments
3a.	If not, have all requirements to authorize the conference lodging allowance been completed? (Include waiver)	Yes	No	Comments
4.	Will meals be provided at conference? If so provide details and justification.	Yes	No	Comments
4a.	Have appropriate procedures to decrease per diem for provided meals been put in place?	Yes	No	Comments
5.	Is the length and content of conference appropriate? (Include agenda)	Yes	No	Comments
6.	Do the conference and associated sponsorship meet acquisition and legal requirements? (i.e., have appropriate	Yes	No	Comments

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	solicitor and/or acquisition personnel been consulted?)			
7.	Has pre-approval been granted for sponsorship, membership, support, or cooperative agreements? (include approval)	Yes	No	Comments
8.	Are other DOI bureaus attending? Include acronyms in comment section.	Yes	No	Comments

Hosted or Co-Hosted Conference Planning (disregard this section if not hosting)

9.	Were alternative conference locations considered? (Include cost comparison with at least three alternative locations)	Yes	No	Comments
10.	Was least costly location selected? If not, provide justification.	Yes	No	Comments
11.	Was a government facility selected? If not, provide justification.	Yes	No	Comments
12.	Is fee or cost appropriate for conference venue?	Yes	No	Comments
13.	Was the use of video-conferencing technology considered for this conference?	Yes	No	Comments
14.	Is a meeting/event planner to be used; at what cost?	Yes	No	Comments
15.	Was review completed to ensure planner does not receive kick-back?	Yes	No	Comments
16.	Are the fees paid to speakers appropriate?	Yes	No	Comments
17.	Are speakers appropriate for objective of conference?	Yes	No	Comments
18.	Were speaker's credentials verified and suitability checked?	Yes	No	Comments

<input type="checkbox"/>	\$40,000 TO \$99,999	SUBMITTED 30 DAYS PRIOR TO CONFERENCE DEADLINES
<input type="checkbox"/>	OVER \$100,000	SUBMITTED 60 DAYS PRIOR TO CONFERENCE DEADLINES
<input type="checkbox"/>	HOSTED CONFERENCE – OVER \$20,000	REPORT ACTUAL COSTS AND ATTENDANCE TO OIG
<input type="checkbox"/>	EXTERNAL CONFERENCE – OVER \$100,000	REPORT ACTUAL COSTS AND ATTENDANCE TO OIG

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Reviewer Name	Reviewer Signature	Date
Bureau/Office Director	Bureau/Office Director Signature	Date
Assistant Secretary / Deputy Assistant Secretary Name	Assistant Secretary / Deputy Assistant Secretary Signature	Date
Confirmation of timely submission <input type="checkbox"/>	Confirmation of post-conference reporting requirements <input type="checkbox"/>	
PFM Reviewer Name	PFM Reviewer Signature	Date
PFM Reviewer's Conclusion (Recommend Approval, Disapproval, or Other Action by Deputy Assistant Secretary-BFPA)		
Deputy Assistant Secretary-BFPA Approval/Concurrence Signature (under \$100,000)	Deputy Assistant Secretary-BFPA Disapproval/Non-Concurrence Signature	Date
Deputy Secretary Approval Signature (over \$100,000)	Deputy Secretary Disapproval Signature	Date