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|---|----------------|--------------------------------------|-----------------------|----------------------------------|--|--|
| <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDED | | NASA CONFERENCE APPROVAL FORM | | | NCTS IDENTIFIER NUMBER (if available): | |
| SECTION A: GENERAL INFORMATION | | | | | | |
| CONTACT AND EVENT INFORMATION | | | | | | |
| 1. POINT OF CONTACT NAME | | 2. PHONE NUMBER | | 3. EMAIL ADDRESS | | |
| 4. OFFICIAL EVENT NAME | | 5. PLANNED START DATE (mm/dd/yyyy) | | 6. PLANNED END DATE (mm/dd/yyyy) | | |
| 7. EVENT CITY | | 8. EVENT STATE | | 9. EVENT COUNTRY | | |
| 10. NASA SPONSORING ORGANIZATION | | 11. EVENT WEBSITE URL | | | | |
| 12. PER CRITERIA IN NID 9740*: a) IS THIS EVENT A CONFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/> b) IS NASA A SPONSOR? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | | |
| *Until issued, use the definition on OCFO's Conference Resource page, http://www.nasa.gov/offices/ocfo/nasaonly/ncts/index.html | | | | | | |
| 13. PURPOSE DESCRIPTION (How the event advances NASA's mission): | | | | | | |
| SECTION B: ATTENDANCE AND COST FOR SPONSORED AND LARGE (>\$100,000) CONFERENCES | | | | | | |
| ESTIMATED NUMBER OF EVENT ATTENDEES | | | | | | |
| | NASA EMPLOYEES | EVENT SUPPORT CONTRACTORS | OTHER U.S. GOVERNMENT | OTHER NON-GOVERNMENT | TOTAL | |
| 14. ESTIMATED TOTAL NUMBER OF ATTENDEES | | | | | | |
| 15. ESTIMATED NUMBER OF ATTENDEES WITH NASA-FUNDED TRAVEL | | | | | | |
| 16. PROVIDE A BRIEF JUSTIFICATION (2 OR 3 SENTENCES) FOR THE NUMBER OF NASA-SPONSORED ATTENDEES ANTICIPATED FOR YOUR EVENT. | | | | | | |
| ESTIMATED COSTS TO NASA | | | | | | |
| (INCLUDE COMPARISON BY LOCATION WHERE NASA IS SELECTING/PAYING FOR THE FACILITY) | | | | | | |
| COST CATEGORY | LOCATION 1 | LOCATION 2 | LOCATION 3 | NASA/FED LOC | ADDITIONAL | |
| TRAVEL RELATED COSTS | | | | | | |
| a. TRANSPORTATION | | | | | | |
| b. LODGING & M&IE | | | | | | |
| 17. TOTAL TRAVEL | | | | | | |
| NON-TRAVEL COSTS | | | | | | |
| a. SPONSORSHIP FEE (paid to host/primary sponsor) | | | | | | |
| b. FACILITY RENTAL | | | | | | |
| c. SUPPORT CONTRACTOR | | | | | | |
| d. REGISTRATION FEES | | | | | | |
| e. OTHER | | | | | | |
| 18. TOTAL NON-TRAVEL | | | | | | |
| 19. TOTAL CONFERENCE COST | | | | | | |
| 20. DESCRIBE RATIONALE FOR SELECTING SITES YOU LISTED FOR COMPARISON, AND FOR CHOOSING THE SITE FINALLY SELECTED. PROVIDE SPECIFIC REASONS, INCLUDING COST COMPARISON, FOR YOUR DETERMINATION THAT THE SITE SELECTED IS A BETTER VALUE FOR THE GOVERNMENT THAN THE NASA OR OTHER FEDERAL SITES AVAILABLE. INCLUDE REASON FOR GENERAL AREA (E.G., CITY). | | | | | | |

| PROCUREMENT INFORMATION | | | |
|--|-----------|-----------|-------------------|
| 21. IDENTIFY THE CONTRACT VEHICLE(S) BEING USED TO FUND THE CONFERENCE SUPPORT (CONTRACT AND ORDER/TASK NUMBER, COOPERATIVE AGREEMENT, GRANT OR SPACE ACT AGREEMENT) | | | |
| 22. IDENTIFY THE SUPPORT CONTRACTOR(S). | | | |
| 23. DESCRIBE THE PROPOSED SCOPE OF WORK FOR CONFERENCE SUPPORT SERVICES AND UNUSUAL COSTS (E.G. HIGH BURDEN RATES; YOU MAY ATTACH A PROPOSAL/SOW) | | | |
| 24. PROVIDE A POINT OF CONTACT IN THE PROCUREMENT OFFICE IF A CONTRACT OR COOPERATIVE AGREEMENT IS BEING USED. IF AN ALTERNATIVE METHOD IS USED FOR CONFERENCE SUPPORT, GIVE A PRIMARY POINT OF CONTACT FOR FOLLOW-UP QUESTIONS AS NECESSARY. | | | |
| SECTION C: JUSTIFICATIONS AND APPROVALS | | | |
| 25. IS SECTION A LINE 19 BETWEEN \$20,000 AND \$75,000? YES NO IF YES, GO TO SECTION D. | | | |
| 26. IS SECTION A LINE 19 BETWEEN \$75,000 AND \$100,000? YES NO IF YES, SIGNATURE IN SECTION D. WITHOUT FILLING OUT A RECOMMENDATION IN 27. BELOW CONSTITUTES THE OIC/CENTER DIRECTOR'S COMMITMENT TO CONTROLS COSTS UNDER \$100,000. | | | |
| 27. RECOMMENDATION THAT COSTS BE ALLOWED TO EXCEED \$100,000. Provide a description of how the conference advances the mission of the agency and why the proposed levels of attendance and expenses are justified (i.e., limited to levels required to carry out the mission of the conference). | | | |
| 28. IF PROPOSED COSTS EXCEED \$200,000, ATTACH RECOMMENDATIONS FROM EACH OIC/CENTER DIRECTOR WHOSE CENTER/OFFICE IS SPENDING MORE THAN \$20,000. | | | |
| SECTION D: SIGNATURES | | | |
| | TYPE NAME | SIGNATURE | DATE (mm/dd/yyyy) |
| 1. EVENT POINT OF CONTACT | | | |
| 2. APPROVING OFFICIAL | | | |

IMPORTANT: By signing, the Approving Official certifies that he/she has reviewed and concurs with the proposed attendance/costs; and if costs are greater than \$100,000, that she/he recommends Deputy Administrator approval of such as reasonable and appropriate.