



## REQUEST FOR ETHICS APPROVAL FOR A CFC EVENT

Requestor Name:\* \_\_\_\_\_

Phone or Email:\* \_\_\_\_\_

Office/Bureau:\* \_\_\_\_\_

Type of Event:\* ☐ Virtual ☐ In-person

Date of Event:\* \_\_\_\_\_

Description of Event:\* (Please be specific. Specify how the event will be conducted and what prizes or items, if any, will be used.)

---

---

---

**Facilities Management Approval:\*** If in-person, please include name of approving facilities official and date of approval for this specific event: (preferably attach approval to submission)

Name: \_\_\_\_\_

Date of Approval: \_\_\_\_\_ or ☐ N/A

### Event Checklist:\*

This event is sponsored by federal agency or the CFC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-federal sources were/will not be solicited to provide goods, services or money	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No fees will be charged to participate in the event, no donation is required, and no cash will be collected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
No individual charities will be endorsed, showcased, or otherwise promoted at the event.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Only DOC employees will participate or present information.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
This event will be fully conducted on government-owned or leased property.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have attached any flyers, draft email notice, or other promotional materials.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Attire for the event will be business appropriate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appropriated funds will be used.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered no for any statement above, please explain here:

---

---

*\* Denotes required field.*

I hereby certify that to the best of my knowledge the above-provided information is true. I also certify that, to the best of my knowledge, there are no other issues with holding this event that would create the appearance of impropriety.

\_\_\_\_\_  
Requestor Signature:\*

\_\_\_\_\_  
Date

**Ethics Review:**

I have considered this request and any promotional materials. Based on the available information, ethics    ☐ Approves    OR    ☐ Disapproves

Ethics Comments:

\_\_\_\_\_  
\_\_\_\_\_

Ethics Official

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CFC Campaign Manager Approval:**

I have considered this request and any promotional materials. Based on the available information, ethics    ☐ Approves    OR    ☐ Disapproves

Ethics Comments:

\_\_\_\_\_  
\_\_\_\_\_

CFC Campaign Manager

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date