

**2019 Fall Conference**

**Request for Proposal Form**

**DEADLINE: August 31, 12:00 PM Eastern time**

**EMAIL TO: sfox@ctao.com**

Thank you for your interest in presenting at the 2019 CTAO Fall Conference, November 13-15, 2019 at the Columbus Marriott Northwest. The Planning Committee is seeking proposals for presentations, due by

**September 4, 2019 at 12:00 PM** Eastern time.

*Conference Purpose: The goal of the conference is to provide timely and useful continuing education for Ohio’s County Treasurers as well as peer-to-peer learning, networking, and camaraderie among CTAO members, their staff, and our vendor partners.*

**ALL SESSIONS WILL BE DELIVERED BETWEEN 8:30 AM and 4:00 PM on November 13 and 14 and between 8:30 am and noon on November 15.**

 **All sessions will be 60 or 90 minutes in length.**

Please refer to the “*Guide to Writing an Effective Proposal*” at www.ctao.com for additional information to assist you in completing this form. If any information on the Request for Proposal Form is left blank, the proposal may not be considered.

**Topics the Education Committee is interested in include, but are not limited to:**

* Ethics
* Social Media in an official capacity
* Website content in relation to Ohio Sunshine Laws
* Bankruptcy
* Processing electronic payments and escrow payment portals
* Land Banks
* Public Relations for County Offices
* Cash security and lockboxes
* Financial distress/emergencies
* OPCS
* Other trending issues or topics will be of interest to county treasurers

*Please submit a separate proposal for each session topic.*

**1. SESSION TITLE** *(10 words or less):*

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**2. SESSION OVERVIEW** *(100 words or less):*

Provide a brief session description **to be included in the conference program and registration website.** Provide a clear and accurate description so that participants fully understand the session when they register.

For example: *“This session will provide participants with options for an effective volunteer orientation. Participants will engage in an interactive discussion to determine the best activities for their issue and complete a worksheet to take home to their organization.”*

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## 3. LEAD PRESENTER

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| --- | --- |
| *Name of Presenter:*  | Click here to enter text. |
| *Title:* | Click here to enter text. |
| *Organization/Affiliation:* | Click here to enter text. |
| *Address:* | Click here to enter text. |
| *Work Phone Number:* | Click here to enter text. |
| *Mobile Phone Number:* | Click here to enter text. |
| *Email Address:* | Click here to enter text. |
| *Please give a brief bio (250 words or less) that includes your background, training qualifications, and experience presenting information to large and/or small groups.*  |

**CO-PRESENTER** *(if applicable):*

|  |  |
| --- | --- |
| *Name of Presenter:*  | Click here to enter text. |
| *Title:* | Click here to enter text. |
| *Organization/Affiliation:* | Click here to enter text. |
| *Address:* | Click here to enter text. |
| *Work Phone Number:* | Click here to enter text. |
| *Mobile Phone Number:* | Click here to enter text. |
| *Email Address:* | Click here to enter text. |
| *Please give a brief bio (250 words or less) that includes your background, training qualifications and experience presenting information to large and/or small groups.*Click here to enter text. |

**4. SESSION FORMAT** *(All sessions will be 60 or 90 minutes in length; check all boxes that apply):*

|  |  |
| --- | --- |
| **☐** | **60 minute session** |
| **☐** | **90 minute session** |
| **☐** | **Are you willing to expand your session to 90 minutes or reduce your session to or 60 minutes, if necessary?** |

**5. SESSION TYPE** *(Check all that apply):*

*We encourage active, participatory sessions.*

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| **☐** | **Lecture** |
| **☐** | **Individual, small, or large group activities and discussions**  |
| **☐** | **Panel** |
| **☐** | **Other:** Click here to enter text. |

**6. LEVEL OF INSTRUCTION** *(select all that apply):*

|  |  |
| --- | --- |
| **☐** | **Introductory (101)***- for treasurers and staff with less than one year of experience on this topic* |
| **☐** | **Experienced (201)**- *for treasurers and staff with 1-5 years of experience on this topic* |
| **☐** | **Advanced (301)***- for treasurers and staff with more than 5 years of experience on this topic* |
| **☐** | **General Audience***- for a mixed audience with various levels of experience* |

## 7. CONNECTION TO THE CONFERENCE AUDIENCE

How does the session apply to County Treasurers?

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**9. TOPIC AREA ADDRESSED IN SESSION** *(see RFP guidelines at www.ctao.com):*

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| **☐** |  | **☐** |  |
| **☐** |  | **☐** |  |
| **☐** |  | **☐** |  |

**10. REQUESTED EQUIPMENT** *(please select all that apply):*

|  |  |  |  |
| --- | --- | --- | --- |
| **☐** | LCD Projector and Screen | **☐** | Flip Chart and Markers |
| **☐** | Internet | **☐** | Other: Click here to enter text. |
| **☐** | Audio/Video | **☐** |  |

**11. SESSION OUTCOMES** *(Please review the “Guide to Writing an Effective Proposal” document www.ctao.com):*

1. **What will participants KNOW or BE ABLE TO DO after participating in the session?** *(List up to three – increase knowledge, skills, information, or other resources). For example: “Participants will be able to….”*

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|  Click here to enter text. |

**b) How will participants be able to LEVERAGE what they learn back at their organization***? (Explain how they can use materials, activities, handouts, etc.).* *For example: “Participants can use the sample forms to …”*

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| Click here to enter text. |

## 12. DRAFT AGENDA AND SESSION FORMAT

Please include a draft session agenda and session format with the approximate length of presentation and activities.

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| Click here to enter text. |

## 13. AGREEMENTS

By submitting this proposal, I/we understand that:

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| **☐** | I (we) am (are) responsible for travel and lodging expenses related to the conference.  |
| **☐** | I (we) will provide conference organizers with electronic versions of the presentation materials by Friday, November 8, 2019 which will be posted to the conference website at www.ctao.com. |

**14. Continuing Education Credit**

Please advise if your proposed Session is currently CPIM certified, or if you believe it will meet one of the CPIM or Auditor of State guidelines for continuing education credit.

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| Click here to enter text. |

**Questions?** Please contact Sheila Fox at sfox@ctao.com or 614-547-2160.