I. Contact Information

**Audio Visual – Request For Proposal**

**\*Event Name *(no acronyms)*:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Event Host Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Organizer (if different from Host Organization):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Key Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Mailing Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Web Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Method of Communication:**
🞎 Telephone
🞎 Email
🞎 Letter
🞎 Fax
🞎 Other:

Repeat for additional contacts as necessary

**Event Organizer/Host Organization Billing Address:**

**Billing Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Address Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Billing Contact Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Information Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

II. Event Profile

**\*Event Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Event Host Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Event Organizer (if different from Host Organization): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Event Location Selected: 🞎 Yes 🞎 No**

**If yes, Event Location(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility 1 Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility 1 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility 1 E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facility 1 Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Additional facility names as needed

Event Organizer

|  |  |  |
| --- | --- | --- |
| **Market Segment:** | 🞎 Association (International)🞎 Association (National)🞎 Association (Regional, State or Local))🞎 Corporate🞎 Educational🞎 Ethnic | 🞎 Fraternal🞎 Government🞎 Military🞎 Religious🞎 Social |
| **\*Event Type:** |
| **\*Event Status:** |
| **\*Event Frequency:** |

Event Host Overview *(mission, philosophy, etc.)*:

**Event Objectives:**

Attendee Profile

Expected Total Event Attendance:

Attendee Demographics Profile:

(Include information regarding demographics, international mix of attendees, fly-in v. drive-in mix, etc.)

Accessibility/Special Needs:

(Outline any special needs for the group including special accessibility needs)

Event History

First Time Event:
🞎 Yes
🞎 If no, attach the APEX Post Event Report (PER)

If a PER is not available, Complete the following for past occurrences:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Event 1** | **Event 2** | **Additional Events as Necessary** |
| Facility Name |  |  |  |
| City, State/Province, Country |  |  |  |
| Start Day & Date |  |  |  |
| End Day & Date |  |  |  |
| Total Attendance |  |  |  |
| A/V Service Provider |  |  |  |
| List of A/V Equipment Attached? | 🞎 Yes🞎 No |  |  |
| Event A/V Expenditure |  |  |  |
| Exhibitor A/V Expenditure |  |  |  |
| APEX Post-Event Report Attached? | 🞎 Yes🞎 No |  |  |

**Currency Type:**

Function Schedule Attached: 🞎 Yes 🞎 No

Exhibition Information

The event is or includes an exhibition: 🞎 Yes 🞎 No

If yes,

|  |  |
| --- | --- |
| Type of Exhibition: | 🞎 Public🞎 Private🞎 Public/Private Combination |
| Type of Exhibits*choose all that apply*: | 🞎 Custom Fabricated🞎 Modular🞎 Portable🞎 Other: |

Number of Exhibits Expected:

Number of Exhibiting Companies Expected:

Exhibitor Demographics Profile:
(Include information regarding demographics, industry focus, special needs, etc.)

Secured Exhibition Area: 🞎 Yes 🞎 No

Gross Space Required:
Unit of Measurement: 🞎 Square Feet 🞎 Square Meters

Net Space:
Unit of Measurement: 🞎 Square Feet 🞎 Square Meters

Exhibitor Kit Provided to Exhibitors: 🞎 Online 🞎 Printed 🞎 CD ROM 🞎 None 🞎 Other

Exhibition Dates and Times:

|  |  |  |  |
| --- | --- | --- | --- |
| **Day/Date** | **Exhibition Hours** | **Exhibition Hours** | **Exhibition Hours** |
|  |  |  |  |
|  |  |  |  |

Exhibitor Schedule

|  |  |
| --- | --- |
| Move-in Begin Date:Move-in Begin Time: | Move-in End Date: |
| Move-out Begin Date:Move-out Begin Time: | Move-out End Date: |

Service Contractor Schedule

|  |  |
| --- | --- |
| Move-in Begin Date:Move-in Begin Time: | Move-in End Date: |
| Move-out Begin Date:Move-out Begin Time: | Move-out End Date: |

General Service Contractor

General Service Contractor (GSC) Selected: 🞎 Yes 🞎 No

If Yes,

GSC Company Name:

GSC Contact Name:

GSC Contact Phone:

GSC Contact E-mail Address:

GSC Contact Fax:

Future Open Dates

There are future open dates for this event: 🞎 Yes 🞎 No

If Yes,

|  |  |  |
| --- | --- | --- |
| **Published****Start Date** | **Published****End Date** | **Comments** |
|  |  |  |
|  |  |  |
|  |  |  |

**Event Profile Comments:**

III. Requirements

**\*Statement of Need:**(General description of the types of services for which this RFP is soliciting proposals and the intended length of the contract (in years)).

General Function Requirements:

There is a standard set for meeting rooms: 🞎 Yes 🞎 No

*If Yes,* Description:

Audio/Video Recording is required for one or more functions: 🞎 Yes 🞎 No

General Function Schedule:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day & Date** | **Function Type** | **Start****Time** | **End****Time** | **# of****Attendees** | **Setup** | **A/V****Requirements\*** | **A/V Operator****Required** | **24-Hour****Hold Required** |
|  | 🞎 Break🞎 Breakfast🞎 Lunch🞎 Reception🞎 Dinner🞎 General Session🞎 Breakout Session🞎 Other: |  |  |  | 🞎 Theatre🞎 Conference Style🞎 U-Shaped🞎 Classroom🞎 Hollow Square🞎 Rounds for 8🞎 Rounds for 10🞎 Reception🞎 Tabletop Exhibits🞎 8’ x 10’ Exhibits🞎 10’ x 10’ Exhibits🞎 Other: |  | 🞎 In Room🞎 On Call | 🞎 Yes🞎 No |
|  | Repeat for additional functions as necessary |  |  |  |  |  |  |  |

\*Special Instructions:

* If this event has happened before, it is helpful to add as attachments the Function Schedule from the previous year’s event and a list of the AV equipment used.
* If functions require special staging, lighting and/or A/V requirements, please complete the Plenary/General section below.

Other General Function Requirements Comments:

Plenary/General Session Requirements:

A/V Company will manage stage set: 🞎 Yes 🞎 No

A separate Production Company is involved: 🞎 Yes 🞎 No

If Yes, Production Company Name:

Number of days/hours available for setup/move-in:
🞎 Days
🞎 Hours

Number of days/hours available for tear-down/move-out:
🞎 Days
🞎 Hours

Audio/Video Recording is required for one or more functions: 🞎 Yes 🞎 No

Rehearsals are required: 🞎 Yes 🞎 No

Plenary/General Session Schedule:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Day & Date** | **Function Type** | **Start****Time** | **End****Time** | **# Of****Attendees** | **Setup** | **AV****Requirements\*** | **AV Operator****Required** | **Speaker/****Entertainment** | **24-Hour****Hold****Required** |
|  | 🞎 General/ Plenary Session |  |  |  | 🞎 Theatre🞎 Conference Style🞎 U-Shaped🞎 Classroom🞎 Hollow Square🞎 Rounds for 8🞎 Rounds for 10🞎 Reception🞎 Tabletop Exhibits🞎 8’ x 10’ Exhibits🞎 10’ x 10’ Exhibits🞎 Other: |  | 🞎 In Room🞎 On Call |  | 🞎 Yes🞎 No |
|  | Repeat for additional functions as necessary |  |  |  |  |  |  |  |  |

\*Special Instruction: If this event has happened before, it is helpful to add as attachments the Function Schedule from the previous year’s event and a list of the AV equipment used

Other Plenary/General Session Requirements Comments:

Insurance:

In order to host this event, what are your specific insurance requirements of my organization?

Commercial General Liability Insurance, including blanket contractual liability
\*With respect to the commercial general liability protection, if the amount exceeds $1,000,000, what the limits can be provided by primary and excess/umbrella coverage.

🞎 Commercial Automobile Liability Insurance for owned, non-owned and hired vehicles

🞎 Workers' Compensation Insurance as required by statute.

🞎 Employers' Liability Insurance.

Other Specific Requirements:
Describe any particular requirements for this event that have not previously been addressed (e.g., simultaneous interpretation/translation, audience response system, video conferencing, speaker ready room, two-way radios, cell phones, office equipment needs, etc.)

Attachments:

The following documents are attached to this RFP (e.g., draft agenda, post-event report, sample vendor contract, exhibitor prospectus, attendee promotion materials, etc.):

🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

🞎 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV. Proposal Specifications

The RFP issuer expects that all work will be performed in a professional manner. All information provided in this RFP is proprietary for this purpose only. Information cannot be released without written permission from the contact person named in Section I.

Questions:
Direct all questions and requests for additional information regarding this RFP to the contact person designated in Section I (Contact Information).

Decision Making Process:

Final Decision Maker *(Name & Role)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

There will be a preliminary cut with a second review of finalists: 🞎 Yes 🞎 No

Timeline:

* \*RFP Published Date:
* RFP Distribution Date:
* Proposal Due Date and Time:
* Preliminary Cut Date:
* Proposal Presentation Dates (if required):
* Proposal Presentation Location (if required): <<City>>, <<State/Province>>, <<Country>>
* \*Decision Date:
* Approximate Date of Site Inspection (if required): <<MM/YY>> or <<MM/DD/YYYY>>
* Number of Site Inspection Attendees:

Decision Notification Method *(choose all that apply)*:

🞎 Telephone Call
🞎 Email
🞎 Letter
🞎 Fax

Key Decision Factors:
Selection is based on the following criteria, rated by how they will play a role in proposal evaluation *(1 is critical, 3 is important, and 5 minimally important):*

|  |  |
| --- | --- |
| Decision Factor | Rating |
| Ability of vendor to provide high level of service |  |
| Age and types of equipment to be provided |  |
| Amount of equipment owned by the vendor |  |
| Availability of required equipment |  |
| Creativity |  |
| Information provided in the response to the RFP |  |
| Proposal in the response to the RFP is in the proper sequence  |  |
| Overall cost of services |  |
| Recommendations from previous and existing clients |  |
| Staff Experience |  |
| Travel/shipping costs if equipment is trucked or flown in |  |
| Union/non-union |  |
| Other: |  |

Required Attachments (select all that apply):

🞎 Standard sales kit for the company

🞎 Equipment Price List

🞎 Other:

Instructions for Responding:

* Each proposal responding to this RFP must include the information requested in Section V *(Proposal Content)* of this RFP (in the order presented).
* Expenses related to the preparation and completion of a response to this RFP are the sole responsibility of the vendor.
* The proposal with the lowest dollar amount will not necessarily be considered as the best proposal.
* Incomplete and/or late responses will not be considered.
* Accepted Formats for Response: 🞎 Mail 🞎 Fax 🞎 Email 🞎 Courier 🞎 Other:
* Other instructions:

Proposal Specifications Comments:

V. Proposal Content

Each proposal responding to this RFP must include the following information (in the order presented here).

Company Name:

Mailing Address Line 1:

Mailing Address Line 2:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_

Web Site: \_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Sales Contact:

|  |  |
| --- | --- |
| Full Name: |  |
| Preferred Name: |  |
| Job Title: |  |
| Employer: |  |
| Mailing Address Line 1: |  |
| Mailing Address Line 2: |  |
| City: |  |
| State/Province: |  |
| Zip/Postal Code: |  |
| Country: |  |
| Phone: |  |
| Fax: |  |
| Mobile Phone: |  |
| E-mail Address: |  |
| Web Address: |  |

Experience:

For how many events of similar size and scope as the one described in Section II of this RFP has the company provided services in the past three years?

When was the company founded? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (year)

What is the company’s scope of services? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the company’s working relationship with the facility (named in Section II – Event Profile ) selected for this event (i.e., Are you the preferred vendor? How many events and of what type have you serviced there?). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Experience Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:

Planning the Event:

How would the company and its staff participate in planning meetings? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who would accompany the event organizer on site visits?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name), (Job Title)

Planning Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Response to Requirements:

The company can meet the event’s specific equipment requirements with its own equipment: 🞎 Yes 🞎 No

If No,Types and amounts of equipment that would need to be outsourced:

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The company can meet the event’s specific staffing requirements with its own staff: 🞎 Yes 🞎 No

If No,
Supplemental staff is supplied by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The company can meet the other specific requirements outlined in the RFP: 🞎 Yes 🞎 No

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information:

Personnel:

The company has an office in the city where the event is being held: 🞎 Yes 🞎 No

If No,
Staff would travel from:
City: \_\_\_\_\_\_\_\_\_\_ State/Province: \_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_ # of Staff from This Location: \_\_\_\_\_\_\_\_\_\_

Repeat for additional locations as necessary

Number of staff that would work the event outlined in Section II: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the following for all staff who would work the event:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Title | Responsibility | Years ofExperience | Supervisor? |
| **Staff Full Name** |  |  |  | 🞎 Yes🞎 No |
| **Staff Full Name** |  |  |  | 🞎 Yes🞎 No |
| **Additional staff as necessary** |  |  |  |  |

Provide an estimate of what charges, if any, will be charged to the event organizer for travel expenses, including number of guestrooms required, if any.

Personnel Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labor:

What is the minimum number of hours that are charged per person working *(e.g., four-hour minimums)*?

Does the company use union labor? **🞎** Yes **🞎** No

If no,
Indicate why and in what areas union labor is not used:

What is the company’s experience with the unions in the city where the event is being held?

Hourly rate for supervisors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate currency type)*

Describe the anticipated responsibilities of each supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How is overtime calculated? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When does overtime begin and end? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Labor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planning the Event:

How would the company and its staff participate in planning meetings?

Who would accompany the event organizer on site visits? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Full Name), (Job Title)

What is the charge, if any, for staff to accompany the event organizer on site visits? \_\_\_\_\_\_ *(indicate currency type)*

How many months in advance of an event does the company customarily participate in site visits?

Who would be responsible for travel costs to a location for planning purposes more than 12 months prior to the event?

**Planning Comments:**

**Equipment:**

What percentage of the equipment to be used for this event is owned by the company? \_\_\_\_\_\_\_ %

What percentage of back-up equipment does the company customarily take to the event site? \_\_\_\_\_\_\_ %

List all other companies with which the company customarily subcontracts:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Company Name 1)
* Additional Company Names As Necessary

Is the company currently contracted to provide service in the facility(s) listed in Section II? 🞎 Yes 🞎 No

If yes,
List the facility(s) with which the company has a contract and the date the contract expires:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Facility Name 1), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Contract 1 Expiration Date)
* Additional Facility Names As Necessary

How far away from the event location is the company’s inventory/operation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will any equipment transportation costs be incurred by the event organizer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What equipment and/or services are not provided by your company but are often provided by the facility? How are these services affected by your involvement? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any on-site storage needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speaker Ready Room:

How are charges for the speaker ready room determined? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What materials does the company provide? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What materials should the event organizer expect to provide in each speaker ready room? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many persons would staff the speaker ready room? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Speaker Ready Room Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Costs & Services:

Explain the company’s method for discounting equipment and/or labor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Explain all other costs you foresee as part of this event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe other services the company provides, addressing the method of billing for these services: \_\_\_\_\_\_\_\_\_\_\_\_

Describe the company’s payment policy, including any deposits required and how any discrepancies are handled: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe any incentives offered for paying the total bill on-site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Costs & Services Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Coverage:

Indicate the types and levels of insurance the company carries:

Errors & Omissions Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate currency type)*

Workers Compensation Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate currency type)*

Commercial Liability Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate currency type)*

Commercial Automobile Liability Insurance

Other - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(indicate currency type)*

Insurance Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

References:

Provide three references for events similar in size and scope to the one outlined in Section II *(Event Profile)* of this RFP:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Reference 1** | **Reference 2** | **Reference 3** |
| **Event Name** |  |  |  |
| **Event Start Date** | mm/dd/yyyy |  |  |
| **Event End Date** | mm/dd/yyyy |  |  |
| **Event Type** |  |  |  |
| **Event Host** |  |  |  |
| **Given Name** |  |  |  |
| **Middle Name** |  |  |  |
| **Surname** |  |  |  |
| **Job Title** |  |  |  |
| **Employer** |  |  |  |
| **Phone** |  |  |  |
| **E-mail Address** |  |  |  |
| **Type(s) of services performed for the reference** |  |  |  |

References Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attachments:

The following are attached to this proposal:

🞎 Standard sales kit for the company

🞎 An equipment list indicating number available of each type of equipment, the cost of rental, and any discounts that can apply.

🞎 A labor rate sheet indicating rates for straight time, overtime and double-time.

🞎 Other required attachments as noted in Section IV (list all):

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_