

*RFP For: (Facility Name) _____

*Respond To: (Contact Name) _____

I: CONTACT INFORMATION

*Event Name (no acronyms): _____

*Event Host Organization: _____

Event Organizer (if different from Host Organization): _____

*Key Contact Person: <<NamePrefix>> <<Given Name>> <<Middle Name>> <<Surname Prefix>>
<<Surname>>, <<Suffix>> <<NameTitle>>

Key Contact 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: _____

Preferred Method of Communication: Telephone Email Letter Fax Other: _____

REPEAT FOR ADDITIONAL CONTACTS AS NECESSARY

Event Organizer/Host Organization Billing Address:

Billing Contact Person: <<NamePrefix>> <<Given Name>> <<Middle Name>> <<Surname Prefix>>
<<Surname>>, <<Suffix>> <<NameTitle>>

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: _____ (populated from Section I)

*Event Host Organization: _____ (populated from Section I)

Event Organizer (if different from Host Organization): _____ (populated from Section I)

Event Start Date: _____ Event End Date: _____

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Event Location Selected: Yes No

If Yes,

Event Location(s):

City: _____ State/Province: _____ Country: _____

Facility 1 Name: _____

Facility 1 Contact Name: <<NamePrefix>> <<Given Name>> <<Middle Name>> <<Surname Prefix>>
<<Surname>>, <<Suffix>> <<NameTitle>>

Facility 1 Phone: _____

Facility 1 E-Mail Address: _____

Facility 1 Fax: _____

Additional facility names as needed

Event Organizer

Drop Down Options:

Market Segment:

- Association (International)
- Association (National)
- Association (Regional, State or Local))
- Corporate
- Educational
- Ethnic

- Fraternal
- Government
- Military
- Religious
- Social

*Event Type:

Select All That Apply:

- Board Meeting
- Committee Meeting
- Customer Event
- Educational Meeting
- Fundraiser
- General Business Meeting
- Incentive Travel
- Local Employee Gathering
- Product Launch

- Sales Meeting
- Shareholders Meeting
- Special Event
- Team-Building Event
- Training Meeting
- Trade Show
- Video Conference
- Other: _____

*Event Status:

Drop Down Options:

- Potential (*Event is not yet budgeted – seeking bids*)
- Definite (*Event is currently budgeted – seeking bids*)

*Event Frequency:

Drop Down Options:

- One Time Only
- Annual
- Quarterly
- Biennial
- Semi-Annual
- Monthly
- Other: _____

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

Event Objectives: _____

A. 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>>

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B. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Event A/V Expenditure			
Exhibitor A/V Expenditure			
APEX Post-Event Report Attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Currency Type: _____

Function Schedule Attached: Yes No

C. Exhibition Information

The event is or includes an exhibition: Yes No

If Yes,

Type of Exhibition: Public Private Public/Private Combination

Type of Exhibits Custom Fabricated Modular
choose all that apply: 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

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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 End Date: _____
 Move-in Begin Time: _____

Move-out Begin Date: _____ Move-out End Date: _____
 Move-out End Time: _____

Service Contractor Schedule

Move-in Begin Date: _____ Move-in End Date: _____
 Move-in Begin Time: _____

Move-out Begin Date: _____ Move-out End Date: _____
 Move-out End Time: _____

General Service Contractor (GSC) Selected: Yes No

If Yes,

GSC Company Name: _____
 GSC Contact Name: <<NamePrefix>> <<Given Name>> <<Middle Name>>
 <<Surname Prefix>> <<Surname>>, <<Suffix>> <<NameTitle>>
 GSC Contact Phone: _____ GSC Contact E-mail Address: _____
 GSC Contact Fax: _____

D. 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:

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***Respond To: (Contact Name)** _____

Day & Date	Function Type	Start Time	End Time	# of Attendees	Setup	A/V Requirements*	A/V Operator Required	24-Hour Hold Required
	<i>Drop Down Options:</i> <input type="checkbox"/> Break <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> General Session <input type="checkbox"/> Breakout Session <input type="checkbox"/> Other: _____				<i>Drop Down Options:</i> <input type="checkbox"/> Theatre <input type="checkbox"/> Conference Style <input type="checkbox"/> U-Shaped <input type="checkbox"/> Classroom <input type="checkbox"/> Hollow Square <input type="checkbox"/> Rounds for 8 <input type="checkbox"/> Rounds for 10 <input type="checkbox"/> Reception <input type="checkbox"/> Table Top Exhibits <input type="checkbox"/> 8' x 10' Exhibits <input type="checkbox"/> 10' x 10' Exhibits <input type="checkbox"/> Other: _____		<input type="checkbox"/> In Room <input type="checkbox"/> On Call	<input type="checkbox"/> Yes <input type="checkbox"/> 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
	<i>Drop Down Options:</i> <input type="checkbox"/> General/Plenary Session				<i>Drop Down Options:</i> <input type="checkbox"/> Theatre <input type="checkbox"/> Conference Style <input type="checkbox"/> U-Shaped <input type="checkbox"/> Classroom <input type="checkbox"/> Hollow Square <input type="checkbox"/> Rounds for 8 <input type="checkbox"/> Rounds for 10 <input type="checkbox"/> Reception <input type="checkbox"/> Table Top Exhibits <input type="checkbox"/> 8' x 10' Exhibits <input type="checkbox"/> 10' x 10' Exhibits		<input type="checkbox"/> In Room <input type="checkbox"/> On Call		<input type="checkbox"/> Yes <input type="checkbox"/> No

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***RFP For: (Facility Name)** _____

***Respond To: (Contact Name)** _____

					<input type="checkbox"/> Other:				
	<i>REPEAT FOR ADDITIONAL FUNCTIONS AS NECESSARY</i>								

**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: _____

APEX Audiovisual Services RFP

***RFP For:** (Facility Name) _____

***Respond To:** (Contact Name) _____

- Preliminary Cut Date: _____
- Proposal Presentation Dates (if required): <<City>>, <<State/Province>>, <<Country>>
- Proposal Presentation Location (if required): _____
- *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: _____

APEX Audiovisual Services RFP

***RFP For:** *(Facility Name)* _____

***Respond To:** *(Contact Name)* _____

Primary Sales Contact:

Full Name: <<NamePrefix>> <<Given Name>> <<Middle Name>> <<Surname Prefix>>
<<Surname>>, <<Suffix>> <<NameTitle>>
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: _____

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*RFP For: (Facility Name) _____

*Respond To: (Contact Name) _____

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 of Experience	Supervisor?
Staff Full Name				<input type="checkbox"/> Yes <input type="checkbox"/> No
Staff Full Name				<input type="checkbox"/> Yes <input type="checkbox"/> 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? _____

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***RFP For:** (Facility Name) _____

***Respond To:** (Contact Name) _____

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(s):

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: _____

APEX Audiovisual Services RFP

***RFP For:** (Facility Name) _____

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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):
 - _____
 - _____
 - _____