

\*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): \_\_\_\_\_

Affiliate of / In Conjunction with: \_\_\_\_\_

Key Contact Person: <<Prefix>> <<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: \_\_\_\_\_

Nextel ID#: \_\_\_\_\_

Preferred Method of Communication:  Telephone  Email  Letter  Fax  Other: \_\_\_\_\_

Repeat for additional contacts as necessary

Event Organizer/Host Organization Billing Address:

Billing Contact Person: <<Prefix>> <<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: \_\_\_\_\_

Quote Rates:  Commissionable  Net

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

\*RFP For: (Facility Name) \_\_\_\_\_

\*Respond To: (Contact Name) \_\_\_\_\_

**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: <<Prefix>> <<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  
Market Segment:

Drop Down Options:

- 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: \_\_\_\_\_

Meeting Theme: \_\_\_\_\_

**APEX Destination Management Company RFP**

\*RFP For: (Facility Name) \_\_\_\_\_

\*Respond To: (Contact Name) \_\_\_\_\_

**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>>

**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:

City	Start Day & Date	End Day & Date	Total Attendance	Name of DMC	APEX Post-Event Report (PER) Attached?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**C. Exhibition Information**

The event is or includes an exhibition:  Yes  No

If Yes,

Use the following chart to provide specific requirements for Exhibition Hall:

Day & Date	Exhibit Hall Requirements	Start Time	End Time	Budget	Description
MM/DD/YYYY	Drop Down Options: <input type="checkbox"/> Décor <input type="checkbox"/> Entertainment <input type="checkbox"/> Staffing <input type="checkbox"/> Other _____				
MM/DD/YYYY					
MM/DD/YYYY					
MM/DD/YYYY					
Repeat for additional days as necessary					

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

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

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

Provide traffic booster information for Exhibitor Kits:  Yes    No

DMC marketing piece may be included in Exhibitor Kit:  Yes    No

Exhibitors host client dinners/events:  Yes    No

Exhibitor list will be provided to DMC:  Yes    No

Event Profile Comments: \_\_\_\_\_

General Service Contractor (GSC) Selected:  Yes    No

If Yes,

GSC Company Name: \_\_\_\_\_

GSC Contact Name: <<Prefix>> <<Given Name>> <<Middle Name>> <<Surname Prefix>> <<Surname>>,  
<<Suffix>> <<NameTitle>>

GSC Contact Phone: \_\_\_\_\_      GSC Contact E-mail Address: \_\_\_\_\_

GSC Contact Fax: \_\_\_\_\_

**D. Future Dates**

There are future confirmed dates for this event:  Yes    No

If Yes,

Published Start Date	Published End Date	City

\*RFP For: (Facility Name) \_\_\_\_\_

\*Respond To: (Contact Name) \_\_\_\_\_

**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).>>

Event Proposal  
Overview:

Select All That Apply:

- Daytime/Evening Tours
- Décor
- Dine-Around
- Entertainment
- Gaming
- Gifts
- Golf
- Guest Programs
- Meet & Greet
- Off Property
- Outdoor Activities
- Speakers
- Staffing
- Team-Building Event
- Themed Event
- Top Name Act
- Transportation
- Youth – In House
- Youth – Off Site
- Other: \_\_\_\_\_

**Staffing Requirements:**

Staffing Services are required for this Event:  Yes  No

If Yes, Use the following chart to provide specific Staffing Requirements:

	Event Support Need #1	Event Support Need #2	Additional Needs as Necessary
Location			
Days/Dates			
Start Time			
End Time			
Fulfillment Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Registration Desk Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Hospitality Desk Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Exhibit Hall Badge Checkers	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Other_____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	

Other Staff Requirements Comments: \_\_\_\_\_

**APEX Destination Management Company RFP**

\*RFP For: (Facility Name) \_\_\_\_\_

\*Respond To: (Contact Name) \_\_\_\_\_

**Meet and Greet Requirements:**

Meet & Greet is required for this Event:  Yes  No

If Yes, Use the following chart to provide specific Meet & Greet Requirements:

Day & Date	# of Expected Attendees	# of Expected Attendees	Start Time	End Time	Manifest	Transportation	Amenities:
MM/DD/YYYY		Drop Down Options: <input type="checkbox"/> Arrival <input type="checkbox"/> Departure <input type="checkbox"/> VIP Arrival <input type="checkbox"/> VIP Departure			Drop Down Options: <input type="checkbox"/> Manifest <input type="checkbox"/> Blind Arrivals	Drop Down Options: <input type="checkbox"/> Limousine <input type="checkbox"/> Sedan <input type="checkbox"/> Vans <input type="checkbox"/> Motor Coach <input type="checkbox"/> Other: _____	Drop Down Options: <input type="checkbox"/> Bottled Water <input type="checkbox"/> Soft Drinks <input type="checkbox"/> Beer & Soft Drinks <input type="checkbox"/> Videos <input type="checkbox"/> Other _____
MM/DD/YYYY							
MM/DD/YYYY							
MM/DD/YYYY							
Repeat for additional days as necessary							

Travel Manifest will be provided:  Yes  No

If yes, how will manifest be provided?:  Hard Copy  Excel format  Access  Other format

Describe other format: \_\_\_\_\_

Specialty signage will be provided:  Yes  No

Demographic of participant of this activity: \_\_\_\_\_

Description of security and/or liability insurance requirements: \_\_\_\_\_

Other Meet & Greet Requirements Comments: \_\_\_\_\_

**Transportation Requirements:**

Transportation is required for this Event:  Yes  No

If Yes, Use the following chart to provide specific Transportation Requirements:

Date of Service	Type	Staff	From	To	# of People	Schedule	Special Instructions
MM/DD/YY YY	Drop Down Options: <input type="checkbox"/> Limousine <input type="checkbox"/> Sedan <input type="checkbox"/> Vans <input type="checkbox"/> Motor Coach		Location(s)	Location(s)	Total # to be transported.	Describe pick-up and drop-off schedule.	Note specific requirements such as water, videos, staffing,

**APEX Destination Management Company RFP**

\*RFP For: (Facility Name) \_\_\_\_\_

\*Respond To: (Contact Name) \_\_\_\_\_

	<input type="checkbox"/> Other:						
MM/DD/YY YY							
MM/DD/YY YY							
MM/DD/YY YY							
Additional needs as necessary							

Specialty signage will be provided:  Yes  No

Demographic of participant of this activity: \_\_\_\_\_

Description of security and/or liability insurance requirements: \_\_\_\_\_

Ideas to enhance the Transportation Experience are desired:  Yes  No

Other Transportation Requirements Comments: \_\_\_\_\_

**Shuttle System (Multi-Hotel or City Wide) Requirements :**

Shuttle System is required for this Event:  Yes  No

If Yes, Use the following chart to provide specific Transportation Requirements:

Date of Service	Time From	Time To	Peak Time From	Peak Time To	List of Hotels and Room Block	Staff	# of People	Destination	Frequency of Service	Special Instructions
MM/DD/YY YY							Total # to be transported.  Percentage needing ADA consideration	Location(s)	Drop Down Options: <input type="checkbox"/> Continuous <input type="checkbox"/> 5 – 10 minutes <input type="checkbox"/> 10 – 15 minutes <input type="checkbox"/> 15 – 20 minutes <input type="checkbox"/> 20 – 30 minutes <input type="checkbox"/> Other: _____	Note specific requirements such as water, videos, staffing, bus wrap
MM/DD/YY YY										
MM/DD/YY YY										
MM/DD/YY YY										
Additional needs as necessary										

Specialty signage to be provided:  Yes  No

DMC to provide shuttle map with schedule?  Yes  No

Demographic of participant of this activity: \_\_\_\_\_

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

Description of security and/or liability insurance requirements: \_\_\_\_\_

Is transportation sponsored?  Yes  No

Will bus wraps/advertising be required?  Yes  No

Ideas to enhance the Transportation Experience are desired:  Yes  No

**Event Transportation Requirements:**

A shuttle between hotels is required for this Event:  Yes  No

If Yes, Use the following chart to provide specific Transportation Requirements:

Date of Service	Type	Staff	From	To	# of People	Schedule	Hotel Block	Special Instructions
MM/DD/YY YY	Drop Down Options: <input type="checkbox"/> Limousine <input type="checkbox"/> Sedan <input type="checkbox"/> Vans <input type="checkbox"/> Motor Coach <input type="checkbox"/> ADA <input type="checkbox"/> Other: _____		Location(s) Convention Center Between hotels Other venues	Location(s) Convention Center Between hotels Plant tours Other venues	Total # to be transported.  Percentage requiring ADA transportation?	Describe pick-up and drop-off schedule.	List hotels and # in each block	Note specific requirements such as water, videos, staffing,
MM/DD/YY YY								
MM/DD/YY YY								
MM/DD/YY YY								
Additional needs as necessary								

Specialty signage to be provided:  Yes  No

DMC to provide map with schedule?  Yes  No

Demographic of participant of this activity: \_\_\_\_\_

Description of security and/or liability insurance requirements: \_\_\_\_\_

Is transportation sponsored?  Yes  No

Will bus wraps/advertising be required?  Yes  No

Ideas to enhance the Transportation Experience are desired:  Yes  No

**Daytime/Evening Tour Requirements:**

Tour Services are required for this Event:  Yes  No

If Yes,

Use the following chart to provide specific Tour Requirements:

Day & Date	Attendee Demographic	Tour type	Start Time	End Time	Estimated Attendance Adult Child	F & B Requirements	Registration & Payment	Target Price pp
Day (e.g., Monday)		<input type="checkbox"/> Half Day AM <input type="checkbox"/> Half Day				<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Registrations to DMC	

**APEX Destination Management Company RFP**

\*RFP For: (Facility Name) \_\_\_\_\_

\*Respond To: (Contact Name) \_\_\_\_\_

		PM <input type="checkbox"/> Full Day <input type="checkbox"/> Evening <input type="checkbox"/> Other: _____					<input type="checkbox"/> Refreshments <input type="checkbox"/> en Route <input type="checkbox"/> Other: _____	<input type="checkbox"/> Guarantee by Event Organizer	
Day									
Day									
Day									
Repeat for additional days as necessary									

Tour Program is Optional:  Yes  No

If Yes,

Attendees will Register Directly to Destination Management Company:  Yes  No

Destination Management Company is required to accept on-line registrations:  Yes  No

Tour Desk will be provided for ticket distribution and on site tour sales:  Yes  No

Destination Management Company to staff on site Tour Desk:  Yes  No

DMC to provide text & photos for brochure/tour preparation and design?  Yes  No

If Yes,

Use the following chart to provide Tour Desk hours:

Day & Date	# of Staff Required	Start Time	End Time
Day (e.g., Monday)			
Day			
Day			
Day			
Repeat for additional days as necessary			

Description of the Event's Tours: \_\_\_\_\_

Demographic of participant of this activity:  
\_\_\_\_\_

Description of security and/or liability insurance requirements: \_\_\_\_\_

Accessibility/Special Needs: <<Outline any special needs for the group including special accessibility needs>>

Other Tour Ideas/Comments: \_\_\_\_\_

**APEX Destination Management Company RFP**

\*RFP For: (Facility Name) \_\_\_\_\_

\*Respond To: (Contact Name) \_\_\_\_\_

	Tour #1	Tour #2	Additional Tours as Necessary
Tour Type			
Days/Dates			
Start Time			
End Time			
Main Event Day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tour Length	<input type="checkbox"/> Half Day AM <input type="checkbox"/> Half Day PM <input type="checkbox"/> Full Day <input type="checkbox"/> Other: _____	<input type="checkbox"/> Half Day AM <input type="checkbox"/> Half Day PM <input type="checkbox"/> Full Day <input type="checkbox"/> Other: _____	
Expected Attendance (#)			
Maximum Attendance (#)			
Age Range (if children's tour)			
Required/Optional	<input type="checkbox"/> Required <input type="checkbox"/> Optional	<input type="checkbox"/> Required <input type="checkbox"/> Optional	
Food & Beverage Required	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
DMC Staff Required	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Amenities	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Pricing	<input type="checkbox"/> Inclusive (group pays) <input type="checkbox"/> FIT (on own)	<input type="checkbox"/> Inclusive (group pays) <input type="checkbox"/> FIT (on own)	
Target per-person price	\$ _____	\$ _____	
Comments (e.g. Ideas, Transportation, Special Needs)			

**On Property Event Requirements:**

On-Property Event Services are required for this Event:  Yes  No

If Yes,

Use the following chart to provide specific Off-Property Event Requirements:

Headquarters Hotel:	Event #1	Event #2	Additional Needs as Necessary
Day/Date			
Start Time			
End Time			
Expected Attendance (#)			
Attendee Demographic			
Event Objective			
Event Description	<input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Both Describe: _____	<input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Both Describe: _____	
Transportation from other hotels or the convention center	<input type="checkbox"/> Motorcoach <input type="checkbox"/> Limousine <input type="checkbox"/> Sedan <input type="checkbox"/> Other Note: _____	<input type="checkbox"/> Motorcoach <input type="checkbox"/> Limousine <input type="checkbox"/> Sedan <input type="checkbox"/> Other Note: _____	
Theme	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	

**APEX Destination Management Company RFP**

\*RFP For: (Facility Name) \_\_\_\_\_

\*Respond To: (Contact Name) \_\_\_\_\_

Menu	<input type="checkbox"/> Buffet <input type="checkbox"/> Seated Hors d'oeuvres <input type="checkbox"/> Light <input type="checkbox"/> Heavy  Passed Note:	<input type="checkbox"/> Buffet <input type="checkbox"/> Seated Hors d'oeuvres <input type="checkbox"/> Light <input type="checkbox"/> Heavy  Passed Note:	
Bar	<input type="checkbox"/> BOC <input type="checkbox"/> Drink Tickets <input type="checkbox"/> Cash Bar Note:	<input type="checkbox"/> BOC <input type="checkbox"/> Drink Tickets <input type="checkbox"/> Cash Bar Note:	
Wine – Table Service	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Specialty Linens	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Centerpieces	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Seating	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% If Yes, describe:	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% If Yes, describe:	
Chair Covers	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Stage	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
A/V	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Stage	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Site Inspection/ Selection	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Comments (e.g. Ideas, Special Needs)			
Target Budget	\$	\$	

Other Off-Property Event Requirements Comments: \_\_\_\_\_

**Off-Property Event Requirements:**

Off-Property Event Services are required for this Event:  Yes  No

If Yes,

Use the following chart to provide specific Off-Property Event Requirements:

	Off-Property Event Need #1	Off-Property Event Need #2	Additional Needs as Necessary
Day/Date			
Start Time			
End Time			

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

Expected Attendance (#)			
Attendee Demographic			
Event Objective			
Event Description	<input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Both Describe: _____	<input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Both Describe: _____	
Transportation	<input type="checkbox"/> Motorcoach <input type="checkbox"/> Limousine <input type="checkbox"/> Sedan <input type="checkbox"/> Other Note: _____	<input type="checkbox"/> Motorcoach <input type="checkbox"/> Limousine <input type="checkbox"/> Sedan <input type="checkbox"/> Other Note: _____	
Theme	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Menu	<input type="checkbox"/> Buffet <input type="checkbox"/> Seated Hors d'oeuvres <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Passed Note: _____	<input type="checkbox"/> Buffet <input type="checkbox"/> Seated Hors d'oeuvres <input type="checkbox"/> Light <input type="checkbox"/> Heavy <input type="checkbox"/> Passed Note: _____	
Bar	<input type="checkbox"/> BOC <input type="checkbox"/> Drink Tickets <input type="checkbox"/> Cash Bar Note: _____	<input type="checkbox"/> BOC <input type="checkbox"/> Drink Tickets <input type="checkbox"/> Cash Bar Note: _____	
Wine – Table Service	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Specialty Linens	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Centerpieces	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Seating	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% If Yes, describe: _____	<input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25% If Yes, describe: _____	
Chair Covers	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Stage	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
A/V	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Stage	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Stage	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Site Inspection/ Selection	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Comments (e.g. Ideas,			

**APEX Destination Management Company RFP**

\*RFP For: **(Facility Name)** \_\_\_\_\_

\*Respond To: **(Contact Name)** \_\_\_\_\_

Special Needs			
Target Budget	\$	\$	

Other Off-Property Event Requirements Comments: \_\_\_\_\_

**Theme/Décor Requirements:**

Theme/Décor Services are required for this Event:  Yes  No

If Yes,

Use the following chart to provide specific Theme/Décor Requirements:

	Décor Need #1	Décor Need #2	Additional Needs as Necessary
Day/Date			
Start Time			
End Time			
Expected Attendance (#)			
Location - Facility			
Location - Room			
Attendee Demographic			
Event Objective			
Event Description	<input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Both If Yes, describe: _____	<input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Both If Yes, describe: _____	
Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Theme	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Site Inspection/ Selection	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	
Comments (e.g. Ideas, Special Needs)			
Target Budget	\$	\$	

Other Theme/Décor Event Requirements Comments: \_\_\_\_\_

**Entertainment:**

Entertainment Services are required for this Event:  Yes  No

If Yes, Use the following chart to provide specific Entertainment Requirements:

	Entertainment Need #1	Entertainment Need #2	Additional Needs as Necessary
Day/Date			
Start Time			
End Time			
Expected Attendance (#)			
Location - Facility			
Location - Room			
Attendee Demographic			

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

Event Objective			
Event Description	<input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Both If Yes, describe:	<input type="checkbox"/> Reception <input type="checkbox"/> Dinner <input type="checkbox"/> Both If Yes, describe:	
Theme	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	
Comments (e.g. Ideas, Special Needs)			
Target Budget	\$ _____	\$ _____	

Other Entertainment Requirements Comments: \_\_\_\_\_

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

**Dine-Around Requirements:**

Dine-Around Services are required for this Event:  Yes  No

If Yes,

Use the following chart to provide specific Dine-Around Requirements:

	Dine Around Need
Day/Date	
Start Time	
End Time	
Event Objective	
Attendee Demographic	
Expected Attendance (#)	
Number of Restaurants	\$\$\$\$      \$\$\$      \$\$
Transportation	<input type="checkbox"/> Motorcoach <input type="checkbox"/> Limousine <input type="checkbox"/> Sedan <input type="checkbox"/> Other Note: _____
Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
Payment	<input type="checkbox"/> Master Account <input type="checkbox"/> Attendee On own Note: _____
Menu	<input type="checkbox"/> Pre-Select <input type="checkbox"/> Limited Menu <input type="checkbox"/> Full Menu Note: _____
Bar	<input type="checkbox"/> BOC <input type="checkbox"/> Drink Tickets <input type="checkbox"/> Cash Bar Note: _____
Wine – Table Service	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
Wine – Table Service	<input type="checkbox"/> Pre-Selected <input type="checkbox"/> From Menu If Yes, describe: _____
Menu Cards Required	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
Guarantee	<input type="checkbox"/> Guarantee by Event organizer <input type="checkbox"/> Registrations to DMC
Site Inspection/ Selection	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
Comments (e.g. Ideas, Special Needs)	
Target Budget	\$

Guarantee will be provided by Event Organizer:  Yes  No

Attendees will Register Directly to Destination Management Company:  Yes  No

Destination Management Company is required to accept on-line registrations:  Yes  No

Dine-Around Desk will be provided for ticket distribution and on site registrations:  Yes  No

Destination Management Company to staff on site Dine-Around Desk:  Yes  No

If Yes,

Use the following chart to provide Dine-Around Desk hours:

**APEX Destination Management Company RFP**

\*RFP For: **(Facility Name)** \_\_\_\_\_

\*Respond To: **(Contact Name)** \_\_\_\_\_

Day & Date	# of Staff Required	Start Time	End Time
Day (e.g., Monday)			
Day			
Day			
Day			
Repeat for additional days as necessary			

Accessibility/Special Needs:  
 <<Outline any special needs for the group including special accessibility needs>>

Other Dine-Around Requirements Comments: \_\_\_\_\_

**Team Building Requirements:**

Team Building Services are required for this Event:  Yes  No

If Yes,

Use the following chart to provide specific Team Building Requirements:

	Team Building Need
Day/Date	
Start Time	
End Time	
Location	<input type="checkbox"/> On-Site <input type="checkbox"/> Off-Property If On-Site, Room: _____
Event Objective	
Attendee Demographic	
Number of Attendees	
Number of Teams	
Team Demographic	<input type="checkbox"/> Pre-assigned <input type="checkbox"/> Random If pre-assigned, describe: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
Beverages en Route	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
Refreshments en Route	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
	<input type="checkbox"/> Lunch <input type="checkbox"/> No If Yes, describe: _____
Post Team Building Event	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
Site Inspection/ Selection	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____
Comments (e.g. Ideas, Special Needs)	
Budget	\$ _____

Overall Event Support Services are required for this Event:  Yes  No

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

If Yes, Use the following chart to provide specific Overall Event Support Requirements:

	Function Support Need #1	Function Support Need #2	Additional Needs as Necessary	Budget
Name of Function				
Location				
Days/Dates				
Start Time				
End Time				
Expected Attendance (#)				
Site Inspection/ Selection	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Registration Services	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Housing Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Hospitality Desk	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Golf Tournament	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Golf Tee Times	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Specialty Entertainment	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Speakers	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Activities	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Youth – In House	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Youth – Off Site	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Event Tickets	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Photography	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Gift Items	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		
Amenities	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe:		

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

Airport Advertising (signage)	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____		
Gaming	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe: _____		
Comments (e.g. Ideas, Special Needs)				

Other Overall Event Support 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,
- Commercial Automobile Liability Insurance for owned, non-owned and hired vehicles
- Workers' Compensation Insurance as required by statute.
- Employers' Liability Insurance.

**Other Event Requirements:**

<<Describe any particular requirements for this event that have not previously been addressed.>>

Attachments:

The following documents are attached to this RFP (e.g., draft agenda, post-event report, 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.

**RFP Distribution List:**

To which companies is this RFP for Destination Management Services being distributed:

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

**Questions:**

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

Preferred Format of Proposal:

Electronic How many copies? \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

Email address: \_\_\_\_\_

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

Print \_\_\_\_\_ How many copies? \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

**Decision Making Process:**

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

Number of people on the selection committee: \_\_\_\_\_

Number of hard copy presentations required with submittal: \_\_\_\_\_

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): <<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	
Creativity	
Information provided in the response to the RFP	
Proposal in the response to the RFP is in the proper sequence	
Overall cost of service	
Recommendations from previous and existing clients	
Other: _____	

**Required Attachments (select all that apply):**

Standard sales kit for the company

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).

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

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.

Other instructions: \_\_\_\_\_

Proposal Specifications Comments: \_\_\_\_\_

\*RFP For: (Facility Name) \_\_\_\_\_

\*Respond To: (Contact Name) \_\_\_\_\_

**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: <<Prefix>> <<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: \_\_\_\_\_

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

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

**Response to Requirements:**

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 meet and greet requirements outlined in the RFP:  Yes  No

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

The company can meet the transportation requirements outlined in the RFP:  Yes  No

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

The company can meet the shuttle system (multi-hotel or city Wide) requirements outlined in the RFP:  Yes  No

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

The company can meet the event transportation requirements outlined in the RFP:  Yes  No

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

The company can meet the tour requirements outlined in the RFP:  Yes  No

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

The company can meet the on-property event requirements outlined in the RFP:  Yes  No

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

The company can meet the off-property event requirements outlined in the RFP:  Yes  No

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

The company can meet the theme/décor requirements outlined in the RFP:  Yes  No

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

The company can meet the entertainment system requirements outlined in the RFP:  Yes  No

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

The company can meet the dine-around requirements outlined in the RFP:  Yes  No

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

The company can meet the team building requirements outlined in the RFP:  Yes  No

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

The company can meet the overall event support requirements outlined in the RFP:  Yes  No

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

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

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: \_\_\_\_\_

**APEX Destination Management Company RFP**

**\*RFP For: (Facility Name)** \_\_\_\_\_

**\*Respond To: (Contact Name)** \_\_\_\_\_

**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			

**Attachments:**

The following are attached to this proposal:

Standard sales kit for the company

Listing of all services and related costs that the company can provide.

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

\_\_\_\_\_

\_\_\_\_\_