

Single Facility Event RFP

*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 (if known): _____ Event End Date (if known): _____

Event Organizer Market Segment: Drop Down Options: Association (International) Fraternal

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- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Association (National) | <input type="checkbox"/> Government |
| <input type="checkbox"/> Association (Regional, State or Local)) | <input type="checkbox"/> Military |
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Social |
| <input type="checkbox"/> Ethnic | |

- *Event Type: *Select All That Apply:*
- | | |
|---|---|
| <input type="checkbox"/> Board Meeting | <input type="checkbox"/> Sales Meeting |
| <input type="checkbox"/> Committee Meeting | <input type="checkbox"/> Shareholders Meeting |
| <input type="checkbox"/> Customer Event | <input type="checkbox"/> Special Event |
| <input type="checkbox"/> Educational Meeting | <input type="checkbox"/> Team-Building Event |
| <input type="checkbox"/> Fundraiser | <input type="checkbox"/> Training Meeting |
| <input type="checkbox"/> General Business Meeting | <input type="checkbox"/> Trade Show |
| <input type="checkbox"/> Incentive Travel | <input type="checkbox"/> Video Conference |
| <input type="checkbox"/> Local Employee Gathering | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Product Launch | |

- *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:*
- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> One Time Only | <input type="checkbox"/> Biennial | |
| <input type="checkbox"/> Annual | <input type="checkbox"/> Semi-Annual | |
| <input type="checkbox"/> Quarterly | <input type="checkbox"/> Monthly | <input type="checkbox"/> 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>>

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

Facility Name	City, State/Province, Country	Start Day & Date	End Day & Date	Total Attendance	Total Room Nights	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

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						<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

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: _____

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III: REQUIREMENTS

***Statement of Need:** <<General description of the types of facility and/or services for which this RFP is soliciting proposals.>>

Location Requirements:

The event must take place in a specific location: Yes No

▪ If Yes:

City: _____ State/Province: _____ Country: _____

▪ If No:

Preferred locations for the event are:

Country	Region, Province or State	City

Other Location Requirements: << Describe other requirements relating to location such as Airport, City Center, Resort, Suburban, etc.>>

Other Location Requirements Comments: _____

Date Requirements

	Year	Month	Start Day & Date	End Day & Date
Preferred Published Dates				
Alternate Published Dates 1				
Alternate Published Dates 2				
Alternate Published Dates 3				

Number of days/hours needed in advance of published event dates for set-up and move-in: _____

Days Hours

Number of days/hours needed post-event for tear-down and move-out: _____

Days Hours

Other Date Requirements Comments: _____

Facility Requirements:

Preferred Facility Type: Conference Center

Convention Center

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- Hotel
- Resort
- Restaurant
- Unique Venue
- Other: _____

Guest Rooms

- Total Room Nights: _____
- Peak Night Room Block: _____

Largest Function Space

- Minimum Square Footage: _____
- Set-up Type Required: _____
- Minimum Capacity: _____
- Minimum Ceiling Height: _____

Exhibit Hall

- Gross Space Required: _____
Unit of Measurement: Square Feet Square Meters

Breakout Rooms

- Minimum Number Required Simultaneously: _____

Recreation Preferences

Recreation Type	Required	Preferred but Not Required	Not Required
<i>(e.g. Beach, Fitness Center, Golf, Pool, Spa)</i>			

Other Facility Requirements Comments: _____

Guest Room Block Requirements:

Guest Rooms are Required for this Event: Yes No

▪ *If Yes,*

The following chart outlines guest room requirements for the event. It begins with the first day of attendee/staff arrival and ends with the final departure day:

	# of Guests	# of Single-Bedded Rooms Required	# of Double-Bedded Rooms Required	# of Suites Required	# of Accessible Rooms Required	Total # of Rooms & Suites Required
Day (e.g., Monday)						
Day						
Day						
Day						
REPEAT FOR ADDITIONAL DAYS AS NECESSARY						
TOTALS						

Description of Accessible Rooms Requirement: _____

Room Rate Must Be No More Than: _____ (indicate currency type)

Government Per Diem Rates Required: Yes No

If Yes,

Number of Rooms Requiring this Rate: _____

Reduced Staff Room Rates Required: Yes No

If Yes,

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Number of Rooms Requiring this Rate: _____

Rebates, Assessments, or Commissions Will Be Paid on Room Rates: Yes No
If Yes

Describe rebate, assessment or commission requirements associated with this RFP:

Method of Reservations: *Select All That Apply:* Rooming List Individual Reservation

Other Guest Room Block Requirements Comments: _____

Function Space and Food & Beverage Requirements:

Function Space (including for exhibits) is Required for this Event: Yes No

▪ If Yes,

The following chart/schedule outlines function space requirements for the event.

Day & Date	Function Type	Function Name	Start Time	End Time	# of Attendees	Setup	A/V Requirements	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: _____	<<Item>> Quantity: ____ <input type="checkbox"/> Required <input type="checkbox"/> Preferred	<input type="checkbox"/> Yes <input type="checkbox"/> No
	REPEAT FOR ADDITIONAL FUNCTIONS AS NECESSARY							

Function Space and Audio/Visual Comments (e.g. rear screen projection needs, production requirements, etc.): _____

Overall Food & Beverage Budget: _____ (indicate currency type)

Includes Tax: Yes No

Includes Service Charges: Yes No

Includes Gratuity: Yes No

Other Function Space and Food & Beverage Requirements Comments: _____

Concessions Desired:

Guest Rooms: _____

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Food & Beverage: _____

Other: _____

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 been previously addressed.>>

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): <<City>>, <<State/Province>>, <<Country>>
- Proposal Presentation Location (if required): _____
- *Decision Date: _____
- Approximate Date of Site Inspection (if required): <<MM/YY>> or <<MM/DD/YYYY>>

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- 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	
Airlift to destination	
Accessibility from airport/train station	
Creativity	
Hotel and/or convention center rates	
Information provided in the response to the RFP	
Proposal in the response to the RFP is in the proper sequence	
Inventory of guest rooms near convention center – quality	
Inventory of guest rooms near convention center – quantity	
Function space and/or layout	
Overall cost of services	
Ownership of Facility	
Preferred dates	
Proximity of hotel facility to off-site venues	
Public safety record for last 5 years	
Recommendations from previous and existing clients	
Staff Experience	
Union/non-union	
Other: _____	

Required Attachments (select all that apply):

- Standard sales kit for the facility
- Insurance Requirements
- The facility's APEX Site Profile
- Exclusive and/or Preferred Vendor List
- Price List(s)
 - Resort Fees
 - Parking
 - Valet Parking
 - Fitness Center
 - Porterage & Baggage
 - Internet Access & Accessories
 - Room Drops
 - Corkage - Wine & Beer Fees
 - Shipping & Receiving
 - Labor Policy
 - Cleaning/Trash Removal Policies
 - Utilities
 - Gratuities Policy
 - Other: _____
- Other: _____

Instructions for Responding:

- Each proposal responding to this RFP must include the information requested in Section V (Proposal Content) (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.

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- 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).

Facility Name: _____

Mailing Address Line 1: _____ Mailing Address Line 2: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Web Site: _____

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 facility provided services in the past year? _____

Response to Requirements:

Dates & Guest Rooms

Start Day & Date	End Day & Date	Single Occupancy Room Rate	Double Occupancy Room Rate	Extra Person Charge	Suite Rate Range	Availability
		_____	_____	_____	_____ - _____	<input type="checkbox"/> 1 st Option <input type="checkbox"/> 2 nd Option
		_____	_____	_____	_____ - _____	<input type="checkbox"/> 1 st Option <input type="checkbox"/> 2 nd Option
<i>ADDITIONAL OPTIONS AS NECESSARY</i>						

Currency Type: _____

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Function Space

Complete the following chart for each function outlined in Section III:

Day & Date	Function Type	Start Time	End Time	Setup	Function Room Name	Maximum Capacity for Setup Indicated	24-Hour Hold Available	Availability
							<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1 st Option <input type="checkbox"/> 2 nd Option
	ADDITIONAL FUNCTIONS AS NECESSARY							<input type="checkbox"/> 1 st Option <input type="checkbox"/> 2 nd Option

Food & Beverage

F&B Function Type	Average Per Person Price
Morning Break	_____
Afternoon Break	_____
Reception	_____
Plated Breakfast	_____
Buffet Breakfast	_____
Continental Breakfast	_____
Hot Plated Lunch	_____
Cold Plated Lunch	_____
Buffet Lunch	_____
Plated Dinner	_____
Buffet Dinner	_____

Currency Type: _____

Standard Tax %: _____%

Standard Service Charge %: _____%

Concessions Offered:

Guest Rooms: _____

Food & Beverage: _____

Other Concessions: _____

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)

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		

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

Event Type			
Event Host			
Given Name			
Middle Name			
Surname			
Job Title			
Employer			
Phone			
E-mail Address			

Attachments:

The following are attached to this proposal:

Standard sales kit for the facility

- Insurance Requirements
- The facility's APEX Site Profile
- Exclusive and/or Preferred Vendor List
- Price List(s)
 - Resort Fees
 - Parking
 - Valet Parking
 - Fitness Center
 - Porterage & Baggage
 - Internet Access & Accessories
 - Room Drops
 - Corkage - Wine & Beer Fees
 - Shipping & Receiving
 - Labor Policy
 - Cleaning/Trash Removal Policies
 - Utilities
 - Gratuities Policy
 - Other:

Additional Comments: _____