

*RFP For: (Company 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: _____

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>>

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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>>

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

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						<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

Description of past transportation use for Airport, Shuttle, Tours and Special Programs: _____

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

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).>>

Transportation Requirements:

Transportation Services are required for this Event: Yes No

If Yes, complete the following:

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

Specialty signage will be provided by the event organizer: Yes No

Demographics Profile (Attendees): _____

Description of security and/or liability insurance requirements: _____

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

Ideas to enhance the transportation experience are desired: Yes No

Other Transportation Requirements Comments: _____

Insurance Requirements:

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.

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).

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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>>
- 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	
Ownership of Equipment	
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 company
 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.
- 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: _____

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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 company provided services in the past three years? _____

When was the company founded? _____ (year)

What is the company's scope of services? _____

What is the average (in years) experience of the company's drivers? _____

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: _____

List all other companies with which the company customarily subcontracts:

- _____ (Company Name 1)
- **ADDITIONAL COMPANY NAMES AS NECESSARY**

The company can meet the other specific 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: _____

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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 attachments (*list all*):
 - _____
 - _____
 - _____

Additional Comments: _____

Transportation Services RFP

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