

# SINGLE FACILITY EVENT – REQUEST FOR PROPOSAL

## I. Contact Information

\*Event Name (*no acronyms*):

\*Event Host Organization:

Event Organizer (if different from Host Organization):

\*Key Contact Person:

Job Title:

\*Mailing Address Line 1:

Mailing Address Line 2:

\*City:

\*State/Province:

\*Zip/Postal Code:

\*Country:

\*Phone:

Fax:

Mobile Phone:

E-mail Address:

Web Address:

Preferred Method of Communication:

☐ Telephone

☐ Email

☐ Letter

☐ Fax

☐ Other:

Event Organizer/Host Organization Billing Address:

Billing Contact Person:

Billing Address Line 1:

Billing Address Line 2:

City:

State/Province:

Zip/Postal Code:

Country:

Billing Contact Telephone:

Contact Information Comments:

## II. Event Profile

\*Event Name:

\*Event Host Organization:

Event Organizer (if different from Host Organization):

Event Start Date:

Event End Date:

### Event Organizer

#### Market Segment:

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Association (International)             | <input type="checkbox"/> Fraternal  |
| <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:

\*Event Status:

\*Event Frequency:

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

Event Objectives:

### Attendee Profile

Expected Total Event Attendance:

Attendee Demographics Profile:

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

Accessibility/Special Needs:

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

### Event History

First Time Event:

- ☐ Yes  
☐ If No, attach the APEX Post Event Report (PER)

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

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
						<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Exhibition Information

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

If Yes,

##### Type of Exhibition:

- ☐ Public  
☐ Private  
☐ Public/Private Combination

##### Type of Exhibits

**choose all that apply:**

- ☐ Custom Fabricated  
☐ Modular  
☐ Portable  
☐ Other:

Number of Exhibits Expected:

Number of Exhibiting Companies Expected:

Exhibitor Demographics Profile:

*(Include information regarding demographics, industry focus, special needs, etc.)*

Secured Exhibition Area: ☐ Yes ☐ No

Gross Space Required:

Unit of Measurement: ☐ Square Feet ☐ Square Meters

Net Space:

Unit of Measurement: ☐ Square Feet ☐ Square Meters

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

#### General Service Contractor

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

If Yes,

GSC Company Name:

GSC Contact Name:

GSC Contact Phone:

GSC Contact E-mail Address:

GSC Contact Fax:

### Future Open Dates

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

If Yes,

Published Start Date	Published End Date	Comments

Event Profile Comments:

## III. Requirements

### \*Statement of Need:

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

### 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				

\*RFP For (Supplier Name):

\*Respond To (Key Contact Name):

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
- ☐ 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
(e.g. Beach, Fitness Center, Golf, Pool, Spa)			

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						
<i>Repeat for additional days as necessary</i>						
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,

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 F & B 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
	<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:					<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"/> Yes <input type="checkbox"/> No
	<i>Repeat for additional functions as necessary</i>							

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:

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



- Number of Site Inspection Attendees (if required):

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 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*) 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).

**Facility Name:**

Mailing Address Line 1:

Mailing Address Line 2:

City:

State/Province:

Zip/Postal Code:

Country:

Web Site:

**Primary Sales Contact:**

Full 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"/> 1st Option <input type="checkbox"/> 2nd Option
						<input type="checkbox"/> 1st Option <input type="checkbox"/> 2nd Option
<i>Additional options as necessary</i>						

Currency Type:

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 <sup>st</sup> Option <input type="checkbox"/> 2 <sup>nd</sup> Option

	<i>Additional functions as necessary</i>							<input type="checkbox"/> 1 <sup>st</sup> Option <input type="checkbox"/> 2 <sup>nd</sup> Option
--	--	--	--	--	--	--	--	--

#### Food & Beverage

<b>F&amp;B Function Type</b>	<b>Average Per Person Price</b>
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:

	<b>Reference 1</b>	<b>Reference 2</b>	<b>Reference 3</b>
<b>Event Name</b>			

<b>Event Start Date</b>	mm/dd/yyyy		
<b>Event End Date</b>	mm/dd/yyyy		
<b>Event Type</b>			
<b>Event Host</b>			
<b>Given Name</b>			
<b>Middle Name</b>			
<b>Surname</b>			
<b>Job Title</b>			
<b>Employer</b>			
<b>Phone</b>			
<b>E-mail Address</b>			

**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: