

SERVICE CONTRACTOR – 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:

*RFP For (Supplier Name):

*Respond To (Key Contact Name):

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 Location Selected: Yes No

If Yes,
Event Location(s):

City:

State/Province:

Country:

Facility 1 Name:

Facility 1 Contact Name:

Facility 1 Phone:

Facility 1 E-Mail Address:

Facility 1 Fax:

Event Organizer

Market Segment: Association (International) Fraternal
 Association (National) Government
 Association (Regional, State or Local)) Military
 Corporate Religious
 Educational Social
 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:

	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

Exhibition Information

The event is or includes an exhibition: Yes No

If Yes,

Type of Exhibition:	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Public/Private Combination
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- 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

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

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
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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)).

Staffing Requirements:

<<Describe specific requirements related to staffing.>>

Service Requirements:

<<Describe specific requirements related to services needed.>>

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).

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: _____

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	
Contractor must be in good standing with ESCA (Exhibition Services and Contractors Association)	
Creativity	
Information provided in the response to the RFP	
Overall cost of services	
Proposal in the response to the RFP is in the proper sequence	
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

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.
- 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: _____

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 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:

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 other specific requirements outlined in the RFP: Yes No

Comments: _____

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
<i>Additional staff as necessary</i>				

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? _____

Provide union rules, regulations, jurisdictions, policies and procedures which apply. Include date union contract expires: _____

Labor Comments: _____

Exhibitors:

How many days prior to the first day of set-up will the company's exhibitor services center accept orders and pre-show prices? _____

Will orders taken during set-up of the event be delivered prior to event opening? Yes No

Describe the company's requirements for an exhibitor services area: _____

Will the company's exhibitor services area be staffed throughout the event? Yes No

Equipment & Services:

What services are provided directly by the company? _____

Indicate any sub-contractors that are commonly employed by the company: _____

(Event Host) requires a statement that (Event Host) and (Show Management) are not responsible for lost, stolen or damaged goods unless due to our negligence. Will you include this statement in your contract? Yes No

Describe show management complimentary services, prices, and discounts for equipment and service: _____

Contractor Requirements:

Describe all requirements the company has regarding equipment storage rooms, communication, payment terms, etc.: _____

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			

Provide at least two references that have used your services in the facility indicated in Section II (Event Profile) of this RFP:

	Reference 1	Reference 2
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
- Inventory listing of equipment and rental prices, indicating what services are included.
- Listing of all services and related costs that the company can provide.
- An exhibitor price list.
- Examples of generic exhibitor services forms for inclusion in the Exhibitor Manual.

Other attachments (list all):

- _____
- _____
- _____

Additional Comments: _____