TRANSPORTATION – 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 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?	☐ Yes ☐ No		
Event A/V Expenditure			
Exhibitor A/V Expenditure			
APEX Post-Event Report Attached?	☐ Yes ☐ No		

Currency Type:

Function Schedule Attached: ☐ Yes ☐ 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

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)).

Transportation Requirements

Transportation Services are required for this Event: ☐ Yes ☐ No

If Yes, complete the following:

Date of Service	Type	From	To	# of People	Schedule	Special Instructions
MM/DD/YYYY	☐ Limousine(s) ☐ Sedan(s) ☐ Van(s) ☐ Motor Coach(s) ☐ 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).

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	
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: _____
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? _____

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:

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: