

SAMPLE - State Government Market Lead

Complete this form by filling out the yellow areas and fax to (xxx) xxx-xxxx or email to: xxxxxxxxxxxx@xxx.ca.gov

The Department's Contact Person: Jane Doe	Phone Number: 123-456-7890	Date Lead Sent: February 1, 2013	Respond By: February 7, 2013
Name of Meeting: Annual Training Conference		Location: San Diego, CA	
Property:		Address:	
Facility Brand:		Web Address:	
Property Contact:		Title:	
Email Address:	Phone Number:	Fax Number:	
Is this property ADA compliant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your property a union hotel? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is your property green certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the certifications below.		
Are renovations planned or in process over the requested meeting dates? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Pricing and Overall Consideration:

As with any government group, total overall cost is a key factor. This group is looking for the best deal possible. Some of the many factors taken into account while evaluating proposals are the price of the single guest room rate (including tax), the value of incentives provided within the single guest room rate, the total cost of meeting space and the cost of individual round-trip airport transportation. Please be sure to **include the meeting name in any additional pages of your response**. Please respond to all items requested and **quote the cost of every item that you cannot provide on a complimentary basis**. **Incomplete responses may disqualify the property from consideration**.

The best proposal would include within the California State government rate:

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| <ul style="list-style-type: none"> • Complimentary Chef's choice of muffins/bagels/breakfast breads • Complimentary A.M. coffee, tea and decaf with unlimited replenish • Complimentary P.M. iced tea, lemonade, coffee service, and snacks • 30% discount on audio visual equipment rental | <ul style="list-style-type: none"> • Complimentary meeting space • Complimentary parking • Complimentary microphone • 1 comp per 40 cumulative guest rooms |
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Please keep in mind that the State cannot pay deposits, cancellation and attrition fees or penalties.

Guest Rooms (only bids within the state per diem rate will be considered):

	• Up to \$84.00	in all areas of the State with exceptions in the following counties only				
	• Up to \$110.00	in San Diego and Los Angeles counties				
	• Up to \$140.00	in San Francisco, San Mateo, Alameda, Santa Clara counties				
Guest Room Rate Offered	Single:	Double-Double:	Triple:	Standard Guest Room rate over this timeframe:	Can this property waive the Transient Occupancy Tax?	Occupancy Tax:
	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	%
	Tourism Assessment Fee:		Resort Fee:		Other Fee:	
	\$		\$		\$	

Room Block:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total
Date(s)				7/12/2013	7/13/2013	7/14/2013		
# of Rooms				25	25	Check out		50

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Property:		Address:	
1. July 12-14, 2013 <input type="checkbox"/> Yes <input type="checkbox"/> No	2. <input type="checkbox"/> Yes <input type="checkbox"/> No	3. <input type="checkbox"/> Yes <input type="checkbox"/> No	4. <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred Pattern & Hours			
Monday	Tuesday	Wednesday 1:00 PM-5:00 PM	Thursday 8:00 AM - 5:00 PM
			Friday 8:00 AM - 2:00 PM
Are you tentatively holding space at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		Other Available Dates	

Meeting Space (Quoted room rental cost must be inclusive of set-up, taxes, and gratuities):

	# of Attendees	Set-up Needs	Name of Proposed Room	Square Footage	Quoted Price Per Day	Standard Price
General Sessions	100	Classroom seating with 2 chairs per 6 foot table. Standing lectern (podium) next to panel table with 2 chairs. 1-8' registration table set outside of meeting space with 2 chairs. 1-6' material table set inside near the entrance. 24 hour hold.			\$	\$
Breakout	12	Conference seating.			\$	\$

Detailed Comments: Please set a water station in the back of the general session room. Department will provide their own LCD data projector and laptop.

Audio/Visual:

In-House Vendor	Discount Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you charge a patch fee for outside vendors? <input type="checkbox"/> Yes <input type="checkbox"/> No	Service Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sales Tax Charge? <input type="checkbox"/> Yes <input type="checkbox"/> No
	%	\$	%	%
Type of Audio Visual Equipment	Quantity	Quoted Price Per Day	Standard Price	
Standing lectern (podium) with wired microphone		\$	\$	
Handheld wireless microphone		\$	\$	
Lavaliere microphone		\$	\$	
Tabletop microphone		\$	\$	
Screen package (cart, extension cord, tape, and power strip)		\$	\$	
LCD data projector		\$	\$	
Overhead projector		\$	\$	
Wi-Fi Internet access (meeting room)		\$	\$	
Hardwired Internet access (meeting room)		\$	\$	
Mixer for multiple microphone use		\$	\$	
House sound		\$	\$	
Speakers if house sound is not available		\$	\$	
Easel		\$	\$	
Flipchart package		\$	\$	
Power strip		\$	\$	
Set-up/tear-down fees		\$	\$	

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Name of Meeting: Annual Training Conference	Location: San Diego, CA
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Property:	Address:
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Food and Beverage: (Only quote prices on items requested):

State per diem meal rates

• Breakfast	\$6.00	inclusive
• Lunch	\$10.00	inclusive
• Dinner	\$18.00	inclusive

Will you provide State per diem meal rates? Yes No If no, please provide price range below.

Meal Function	Date(s)	Inclusive Cost Per Person Per Day	Average Inclusive Cost from Menu
Box Lunch	7/13-14/13	\$	\$
		\$	\$
		\$	\$

Will you provide complimentary items? Yes No If yes, please list below.

Complimentary Services	Complimentary Items Offered	Value
Continental Breakfast		\$
A.M. Refresh		\$
P.M. Break		\$

Parking:

Complimentary Parking <input type="checkbox"/> Yes <input type="checkbox"/> No	Day Use Rate: \$	Overnight Parking Rate: \$	Parking Discount Offered? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
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Airport Transportation:

Closest Airport	# of Miles	Complimentary Hotel Shuttle <input type="checkbox"/> Yes <input type="checkbox"/> No	Estimated Cost - One Way
			Airport Van \$ Taxi \$

Meeting History/DGS Comments:

2. Hotel agrees to accept the American Express Meeting Planner's Account (MPA) as payment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Hotel agrees to provide total room pickup at the time of presenting the invoice with total amount charged.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Hotel agrees to disclose in the proposal ALL fees related to meeting/guest room charges.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hotel Comments:

Please remember that incomplete responses may disqualify the property from consideration.

Fax to (xxx) xxx-xxxx or email to: xxxxxxxxxxx@xxx.ca.gov

Thank you!

The Department's Contact Person

Title

Department Name

Program Name

Street Address

City/State/Zip Code

(xxx) xxx-xxxx work

(xxx) xxx-xxxx fax

xxxxxxxxx@xxx.ca.gov