**State of Maine**

**Mini-Bid Form for Conference and Meeting Space**

|  |  |
| --- | --- |
| **Event Title:** | *(insert Event Title)* |
| **Deadline to Submit Bid:** | *(insert Date and Time)* |

|  |  |
| --- | --- |
| **REQUESTING DEPARTMENT** | |
| **Department:** | *(insert Department Name)* |
| **Contact Name:** | *(insert Contact Name)* |
| **Contact Email:** | *(insert Contact Email)* |

|  |  |
| --- | --- |
| **REQUIREMENTS**  *Departments to detail requirements in right column.* | |
| **Event Date(s):** |  |
| **Rental Time Frame:** | ½ Day  Evening  Other  Full Day  Weekends  Rental Times: |
| **Location Details:**  *detail any and all location requirements* |  |
| **Max. Attendee Capacity:**  *detail for large room, breakout rooms, etc.* |  |
| **Room Layout and Set Up Requirements:**  *detail classroom, theatre or banquet type seating, dining rooms, and any other room requirements* |  |
| **Other Requirements:**  *such as registration, lobby space, storage, restroom, exhibit area, signage, rentals, etc.* |  |
| **Lodging:**  *If needed, provide number of nights, number of rooms, per diem requirements, etc.* |  |
| **Food/Beverage:**  *If needed, provide details, including per diem requirements* |  |
| **Audio Visual:**  *If needed, provide details such as projectors, mics, WIFI, etc.* |  |
| **Parking Requirement:**  *if applicable* |  |

**QUESTIONS/AMENDMENTS: Any questions regarding this mini-bid must be sent via email to the Department contact. The Department will provide all bidders with the Q&A Summary and/or any Amendment to this mini-bid, if applicable.**

**Submittals must be completed using the attached Bid Form. Any alternation to the form may be cause for the Department to reject the bid, at the Department’s sole discretion.**

**Bids submitted on behalf of this mini bid process will be evaluated on the basis of the Bidder’s proposed cost or both proposed cost and detailed offerings.**

**BID FORM**

**EVENT TITLE:***(insert)*

|  |  |
| --- | --- |
| **BIDDER CONTACT** | |
| **Bidder’s Name:** |  |
| **Facility Name/ Location:** |  |
| **Contact Name:** |  |
| **Phone Number:** |  |
| **Email:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BID SUBMISSION** | | | | | |
| **Bidders must complete this form and attach detailed descriptions of what they are proposing to provide for each cost section below.**  **Cost to be submitted in the follows categories (as applicable):**  **Bids to be submitted via e-mail to the Department contact by the deadline as detailed on the first page of this mini-bid form.** | | | | | |
|  |  | |  | | |
| **CATAGORY** | | **ESTIMATED NUMBER OF PERSONS** | | **COST PER PERSON** | **TOTAL COST**  **PER CATAGORY** |
| **Total Space Rental Cost** | | *N/A* | | *N/A* | $ |
| **Total Audio Visual Cost** | | *N/A* | | *N/A* | $ |
| **Total Other Rental Cost** | | *N/A* | | *N/A* | $ |
| **Total Parking Cost** | | *N/A* | | *N/A* | $ |
| **Lodging** | | *(insert number)* | |  | $ |
| **Food** | | *(insert number)* | |  | $ |
| **TOTAL PROPOSED COST:** | | **$** | | | |

Authorized Printed Name:

Authorized Signature: Date: