



## SERVICE CONTRACTOR (Catering) – REQUEST FOR PROPOSAL

### I. Contact Information

\*Event Name: **Asian Chamber of Commerce's Annual Spirit of Entrepreneurship Awards Dinner 2021**

\*Event Host Organization: **Asian Chamber of Commerce**

Event Organizer (if different from Host Organization): **Houston Event Planning**

\*Key Contact Person: **Barbara Gallo (Asian Chamber of Commerce)**

Job Title: **Director of Operations**

\*Mailing Address Line 1: **3535 Briarpark Drive, Suite 108**

Mailing Address Line 2:

\*City: **Houston**

\*State/Province: **Texas**

\*Zip/Postal Code: **77042**

\*Country: **USA**

\*Phone: **713.782.7222**

E-mail Address: [bgallo@asianchamber-hou.org](mailto:bgallo@asianchamber-hou.org)

Web Address: <https://asianchamber-hou.org/>

Preferred Method of Communication: **Telephone/Email**

**Contact Information Comments:** Asian Chamber of Commerce is collecting all RFPs directly.



## II. Event Profile

\*Event Name: **Asian Chamber of Commerce's Spirit of Entrepreneurship Awards Dinner 2021**

\*Event Host Organization: **Asian Chamber of Commerce**

Event Organizer (if different from Host Organization): **Houston Event Planning**

Event Date: **Saturday, October 23<sup>rd</sup>, 2021**

Event Location(s): **Lone Star Flight Museum, 11551 Aerospace Ave. Houston TX, 77034**

Facility Phone: **346-708-2517**

## III. Requirements

\*Statement of Need:

***The Asian Chamber of Commerce is seeking multiple catering vendors who should be able to provide a selection of ethnically Asian foods. Food will be placed in stations. Vendor must be able to transport food safely, as well as provide current insurance and current health permits. All cooked items will need to be already made and vendor must provide all commercial equipment. Vendor should also be able to provide all heating and cooling equipment and small wares as needed to serve their items. Vendor must bring their own dollies, carts and holding containers for food.***

Staffing Requirements:

**The staffing minimums are as follows:**

**(2) Service personnel**

Service Requirements:

**Food:**

**Enough to feed (250) attendees – please provide options**

**Other:**

**All necessary commercial equipment to cook, serve and hold food – please provide a list & photos**

**All necessary small wares (containers, tongs, knives, etc) to cook and hold food – please provide a list & photos**

**Vendor must be able to describe food transport process in writing**

**Vendor must note any special needs.**

Insurance Requirements:

**Commercial General Liability Insurance for \$1,000,000.00, including blanket contractual liability.**

**Commercial Automobile Liability Insurance for owned, non-owned and hired**

**vehicles Workers' Compensation Insurance as required by statute.**

**Employers' Liability Insurance.**

**Added Insured for the following entities:**

**Asian Chamber of Commerce – Houston**

**Lone Star Flight Museum**

**Houston Event Planning Inc.**

\*RFP For Asian Chamber of Commerce:

\*Respond To Katherine Cheng-Arif:

## 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 (Barbara Gallo at [bgallo@asianchamber-hou.org](mailto:bgallo@asianchamber-hou.org) or 713-782-7222 ext 1).

### Decision Making Process:

Final Decision Maker: **Asian Chamber of Commerce, Client**

There will be a preliminary cut with a second review of finalists: **Yes**

Timeline:

- \*RFP Published Date: 7/16/2021
- RFP Distribution Date: 7/19/2021
- Proposal Due Date and Time: 8/13/2021
- Preliminary Cut Date: 8/13/2021
- \*Decision Date: 8/20/2021

Decision Notification Method (choose all that apply):

**Telephone Call      Email      Letter**

### Key Decision Factors:

Selection is based on the following criteria:

Ability of vendor to provide high level of service	Overall cost of services
Age and types of equipment to be provided	Proposal in the response to the RFP is in the proper sequence
Expert Labor	Recommendations from previous and existing clients
Preferred vendor status or experience with venue	Staff Experience
Contractor must be in good standing with the BBB	Company Experience
Risk Management & troubleshooting capabilities	Travel/shipping costs for equipment
Information provided in the response to the RFP	



**Required Attachments:**

Standard sales kit for the company

Price List

- 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.

## 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?)

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**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:

Staff Full Name	Title	Responsibility	Years of Experience	Supervisor?
				Yes / No Yes / No
				Yes / No Yes / No
				Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No

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: \_\_\_\_\_

What is the minimum number of hours that are charged per person working (e.g., four-hour minimums)?

Describe the anticipated responsibilities of each supervisor: \_\_\_\_\_

How are labor hours calculated? \_\_\_\_\_

How is overtime calculated? \_\_\_\_\_

When does overtime begin and end? \_\_\_\_\_

Labor Comments: \_\_\_\_\_

\*RFP For Asian Chamber of Commerce: \_\_\_\_\_

Page 6 of 8

\*Respond To Katherine Cheng-Arif:

**Equipment & Services:**

What services are provided directly by the company? \_\_\_\_\_

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

Asian Chamber of Commerce requires a statement that Asian Chamber of Commerce and Houston Event Planning 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: \_\_\_\_\_

Workers Compensation Insurance: \_\_\_\_\_

Commercial Liability Insurance: \_\_\_\_\_

Other - \_\_\_\_\_: \_\_\_\_\_

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
<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>			
<b>Type(s) of services performed for the reference</b>			



Provide at least one reference 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.

Event Services price list