The GW Medical Faculty Associates

Hotel and Conferencing Requirements Document

(Save and Open this document in Adobe Acrobat before filling it out to avoid loss of data)

Requestor/Dept. & Contact Name	Telephone:	Email:

Project Sponsored by:		
	Federal Award	Non-Federal Award

Name of Event	
Conference Location (City and State)	
Conference Dates	
Project Task Award (PTA) Number	
MFA Event Coordinator at Meeting (include telephone and email)	
Is a Site Visit Required by the Principal Investigator?	Yes or No
If yes, Does the Award Provide Funding for a Site Visit	Yes or No

Hotel/Conference Requirements:

Hotel Location	Hotel to be within _____ blocks miles of: MFA Sponsor Airport Public Transportation Other Specify _____
Total Number of Federal Employees Attending This Event	
Hotel Rooms	MFA will or will not be responsible for _____ hotel rooms.
Room Accommodations	
Sleeping Rooms?	Single Double Not Needed

Number of Sleeping Rooms (by day)		Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	Date							
	Rooms							

Meeting/Conference/Event

Conference Room Requirements	# of Days: _____ # of Attendees: _____ Dates from _____ to _____ Time: _____ a.m. - _____ p.m.
Type of Seating	Theater Rounds Classroom Other Specify: _____
Breakout Rooms	# of Days: _____ # of Breakout Rooms: _____ # of Attendees in Each Breakout Room: _____
Arrangement: Breakout Rooms	Crescent Rounds Rounds for 8-10 Other Specify: _____

Catering and Food Service

Budgeted Dollar Amount for Food and Beverage	
Reception	Date: _____ Time: _____ ined# of Attendees: _____ Special Requests/Set-Up: _____ No Reception Necessary
Breakfast	# of Days: _____ # of Attendees: _____ Dates from _____ to _____ Time: _____ Type: Continental Buffet Seated No Breakfast Necessary
Lunch	# of Days: _____ # of Attendees: _____ Dates from _____ to _____ Time: _____ Type: Continental Buffet Seated No Lunch Necessary
Dinner	# of Days:_____ # of Attendees: _____ Dates from _____ to _____ Time: _____ Type: Continental Buffet Seated No Dinner Necessary

AM/PM Breaks	# of Days: _____ # of Attendees: _____
	Dates from _____ to _____
	Time(s): _____
	    Coffee/Tea Soft Drinks Snacks
	    Other Specify: _____

Other Catering Support Requirements (e.g., Dietary Restrictions or Special Requests)	

A/V and Miscellaneous:

Budgeted Dollar Amount for A/V Costs	
Dates Required	
Description and Quantity of Equipment/Services Required	
All Other Requirements or Special Instructions (e.g., Contingencies, Internet Access, Eco- Friendly Concerns, Conference Location May/May Not Be a Resort, etc.)	

Requested Concessions – if any	

Additional Information

Evaluating Criteria (Factors to be evaluated) – contact Procurement for assistance	
Evaluating Committee (list in odd numbers – minimum 3, people to evaluate bids/proposals/quotes received)	
Independent cost estimate (ICE) – only on Federal funds expected to exceed $150k	

Suggested Hotel(s)

Provide hotel(s) to be considered in the RFP process, if any, and rationale for including the hotel(s)

Hotel:	Rationale:

Decision Date	

Visit Procurement Manual for more details on RFP/Bid process or contact Procurement

Last Updated June 2021 ka