**INSTRUCTIONS FOR COMPLETING ATTACHMENT A
\*\* DELETE THIS PAGE BEFORE POSTING \*\***

1. Review Policy 33 prior to completing this form (Attachment A).
2. If applicable, complete and submit the following documents to the appropriate agency-designated OSP staff listed below:
	* Attachment A;
	* a signed Acquisition Services Certification Form; and
	* any additional required documentation.

If you have questions about this form or Conferences in general, contact the appropriate agency-designated OSP staff person listed below. If your agency is not listed, contact any of the following OSP staff:

* Elizabeth Randa, Elizabeth.Randa@state.mn.us, (651) 201-3122 (AGO, DPS, MNIT, Tourism)
* Mee Chang, Mee.Chang@state.mn.us, (651) 201-3123
* Jaqi Childers, Jaquelyn.Childers@state.mn.us, (651)-201-3166 (COMM, DLI, MMCAP, MNCDHH)
* Jeff Colonna, Jeff.Colonna@state.mn.us, (651) 201-2449
* Maen Abu Hamdan, Maen.Abuhamdan@state.mn.us, (651) 201-2438 (BCA, DHS, DPS)
* Karen McIntyre, Karen.McIntyre@state.mn.us, (651) 201-3124 (DNR, MDH, MNDOT, SOS)
* Katy McCann, Katy.McCann@state.mn.us, (651) 201-3128 (BWSR, CAPM, DEED, MPCA, OSA)

**SECTION II: VENDOR REQUIREMENTS.**

If your agency is limiting the geographic location of the event, you must have a written business justification in your purchasing file supporting the limitation. Justification may include ADA or accessibility needs, efforts to rotate a conference to encourage attendance, proximity to public transit, travel time for attendees, etc.

If your agency wishes to exclude casinos or resorts, you must have a written justification signed by an agency head (or their delegate) in your purchasing file.

Include all specific requirements for the Meeting Rooms, including audio visual equipment, wireless internet connectivity strength, and electrical needs. **If the AV equipment is not included in the solicitation,** **Agencies requiring rental must use Contract Release A-203(5) or obtain an exception from OSP.**

**SECTION III: SCOPE.**

**The Conference Solicitation Template states that room blocks are held until 30 calendar days before the event, after which time the Contract Vendor may release the room block.**

For the Event Schedule, provide a high-level description of daily events if a detailed schedule of events is not yet available.

Seating Styles. When asked, please choose one of the following commonly recognized seating styles:

Classroom

Herringbone

Theater

Banquet

Cabaret

U-Shaped

Hollow Square

Boardroom

Other - fill in different style

Set up needs for the General Session and Breakout Rooms may include: podium, table in the back for handouts, microphones (indicate whether wired, wireless, etc.), LCD projector and screen(s), etc.

Catering. Consider getting pricing for multiple service styles. If requesting multiple pricing options for one meal, indicate that is your intent on Attachment A so that is clear to responders.

Service Styles. When asked, please chose from one of the following commonly recognized service styles:

Plated

Buffet

Boxed

Other - fill in different style

Make sure your requests for rooms, equipment, and catering are consistent on both Attachment A and the Price Schedule. Also indicate if this request is for meeting space only, lodging only, or catering only.

## ATTACHMENT A – SPECIFICATIONS

## Purpose and Background

### Agency:

### Conference Name:

### Date(s):

### Alternative date(s) (if any):

### Approximate number of attendees (including organizers and committee members):

### Limitations on geographic location:

## Section II: Vendor Requirements

### Audio/Visual Needs:

## Section III: Scope

### Lodging

#### Dates:

#### Number of rooms per night:

#### Number of nights:

#### Single occupancy:

#### Double occupancy:

#### Check in:

For Committee Members shall be on:

For Attendees shall begin at noon on:

### Event Schedule:

### Room Needs: Registration Area

#### Area needs:

Minimum size in square feet:

The area must be: [ ]  private [ ]  semi-private

Number and size of tables:

Number of chairs:

#### Internet access for conference staff: [ ]  is [ ]  is not required.

#### Internet access must be hardwired: [ ] yes [ ]  no

#### A secured storage area near the Registration Area is required. The facility must provide:

[ ]  24-hour access to the secured room; and

[ ]  a key to the secured room OR [ ]  access to a facility staff person.

4. Room Needs: General Session Room

#### Number of attendees:

#### Seating Style:

#### Internet access is required:

##### For Presenters: [ ]  Hardwired [ ]  Wireless

##### For Attendees (Wireless): [ ]  Yes [ ]  No

#### General Session Room: [ ]  can [ ]  cannot be used for meals

#### [ ]  can [ ]  cannot be used for breaks

#### [ ]  can [ ]  cannot be used for a Breakout Session Room

#### General Session Room must be private: [ ]  Yes [ ]  No

### Room Needs: Breakout Session Room(s)

#### Number of rooms needed:

#### Number of attendees per room:

#### Seating style:

#### Set up needs:

#### Internet access:

##### For Presenters [ ]  Hardwired [ ]  Wireless

##### For Attendees (Wireless) [ ]  Yes [ ]  No

#### Breakout Session Room(s): [ ]  can [ ]  cannot be used for meals

#### [ ]  can [ ]  cannot be used for breaks

#### Breakout Session Room(s) must be private: [ ]  Yes [ ]  No

### Room Needs: Exhibitors’ Area

#### Number of exhibitors (approximately 10’x10’ per exhibitor):

#### Internet access is required:

##### For Exhibitors: [ ]  Hardwired [ ]  Wireless

##### For Attendees (Wireless): [ ]  Yes [ ]  No

#### Electrical access: [ ]  Yes [ ]  No

#### Exhibitor Area: [ ]  can [ ]  cannot be used for breaks

#### [ ]  can [ ]  cannot be used for meals

#### Exhibitor Area must be: [ ]  private [ ]  semi-private

### Catering

#### Breakfast

##### Dates:

##### Times:

##### Number of attendees:

##### Service Style:

##### Seating Style:

##### Sample Meal(s):

#### Lunch

##### Dates:

##### Times:

##### Number of attendees:

##### Service Style:

##### Seating Style:

##### Sample Meal(s):

#### Dinner

##### Dates:

##### Times:

##### Number of attendees:

##### Service Style:

##### Seating Style:

##### Sample Meal(s):

#### Morning Break

##### Dates:

##### Times:

##### Number of attendees:

##### Service Style:

##### Sample Break(s):

#### Afternoon Break:

##### Dates:

##### Times:

##### Number of attendees:

##### Service Style:

##### Sample Break(s):

#### All-Day Beverage Service:

##### Dates:

##### Times:

##### Number of attendees:

##### Beverages:

## Section IV: Price

### Billing: The State is paying for the lodging rooms (excluding room service, food and beverage charges to the room, all phone charges from the room, gratuity, any service charges, etc., associated with the room rental) for the following:

[ ]  Attendees

[ ]  Committee Members

[ ]  Presenters

[ ]  Other:

If no boxes are checked the State is not responsible for any lodging charges.

All charges incurred for room service, food and beverage charges to the room, all phone charges from the room, gratuity, any service charges, tax, etc., associated with the room rental shall be the sole responsibility of the individual incurring said charges. The Contract Vendor shall be responsible for billing for these charges. The State of Minnesota shall not be responsible for any costs incurred as stated above.

All charges to the State, including breaks, meals, meeting room rental, audio visual equipment, and any lodging indicated above, shall be placed on an itemized master bill and sent to the contact person listed below.

### Contact person for billing:

##### Name:

##### Mailing Address:

##### Email Address: