

# Team PSA Task Order Form

Phone: (703) 234-1700; Fax: (703) 234-1701; Email: HHS@team-psa.com

## General Contact Information

An ASTERISK \* denotes a required field.

### BPA Number

BPA Number

### Program Officer Information

First Name \*

Last Name \*

Address 1

Address 2

City

State

ZIP Code

Phone \*  (  )  -

Ext.

Fax (  )  -

Email \*

Will you be the Contracting Officer, Technical Representative, or Project Officer?  Yes  No

If Not, please enter the name of the Contracting Officer, Technical Representative, or Project Officer.

### Alternate Contact Person

First Name

Last Name

Address 1

Address 2

City

State

ZIP Code

Phone (  )  -

Ext.

Fax (  )  -

Email

### OPDIV

OPDIV

Office/Institute/Center

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## Background

Task Title

Purpose of Meeting or Activity

Period of Performance

Start Date   End Date  

Date of Meeting or Activity

Start Date   End Date  

Anticipated Award Date

Anticipated Kick-off Date

## Meeting Variables

Total Number of Participants

Total Number of Sponsored Participants

Total Number of Days of Meeting

Total Number of Meeting Rooms Per Day

## Order Type

Please select one

Competitive Request for Quote  Direct Buy

Please select one

Single Event Task Order  Multi-Event Task Order

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## Quote Requirement

Budget       Workplan       Technical Response

References      # of References

Due Date & Time      Date        Time

In what format would you like to receive the request?

Email      Email Address

Fax      Fax (  )  -

Courier or Mail      Address 1

Address 2

City       State       ZIP

## Funding

Fully Funded       Partially Funded


## Overview of Requirement

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## Travel

### Authorized Travel Dates

Start Date  

End Date  

### Air Travel

# of Travelers

Check all that apply:

Domestic  Number:

International  Number:

# of Tickets Paid by Contract

# of Tickets Paid by Individual

Type of Ticket to be purchased  Refundable  Lowest Available  Government Rate

### Special Instructions

Does using a privately owned vehicle require prior approval if more than approved airfare?  Yes  No

### Method of Contacting Travelers

- Travelers to be contacted directly
- Travelers must call into 800 number
- Travelers to make own arrangements
- Travelers to use email

### Notes/Comments

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## Site Selection & Meeting Logistics

### Preferred City and State

City	State	Country
<input type="text"/>	<input type="text" value=""/>	<input type="text"/>

Will you consider alternate location?  Yes  No

### Alternate Location 1

City	State	Country
<input type="text"/>	<input type="text" value=""/>	<input type="text"/>

### Alternate Location 2

City	State	Country
<input type="text"/>	<input type="text" value=""/>	<input type="text"/>

### Alternate Location 3


City	State	Country
<input type="text"/>	<input type="text" value=""/>	<input type="text"/>

Can contractor suggest alternate locations?  Yes  No

### Actual Meeting Dates

Start Date	<input type="text"/>		End Date	<input type="text"/>	
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Will you consider alternate dates?  Yes  No

Alt. Start Date 1	<input type="text"/>		Alt. End Date 1	<input type="text"/>	
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Alt. Start Date 2	<input type="text"/>		Alt. End Date 2	<input type="text"/>	
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Alt. Start Date 3	<input type="text"/>		Alt. End Date 3	<input type="text"/>	
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Can contract suggest alternate dates?  Yes  No

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## Meeting Rooms Requested - Conference Office

Conference Office  How many days   
# of People  Room Setup

## Meeting Rooms Requested - Plenary (General Session)

Plenary (General Session)  How many days   
# of People  Room Setup

## Meeting Rooms Requested - Breakouts

Breakouts  How many days   
# of People per Breakout  Room Setup   
# of Breakouts daily

## Meeting Rooms Requested - Working Lunch

Working Lunch  How many days   
# of People  Lunch Speaker?  Yes  No  
Can we use General Session Room?  Yes  No

## Meeting Rooms Requested - Reception

Reception  How many days   
# of People  Room Setup

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## Meeting Rooms Requested - Networking Session

Networking Session  How many days

# of People  Room Setup

Description

## Meeting Rooms Requested - Poster Session

Poster Session  # of Posters

Size of Posters  # of Days for Poster Session

Table Top  Booth  Both

Description

## Meeting Rooms Requested - Exhibit

Exhibit  # of Exhibits

# of Days for Exhibit

Table Top  Booth  Both

Description

## Meeting Rooms Requested - Other

Other

Description

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## Sleeping Rooms

Sleeping Rooms  # of Sleeping Rooms Required

Start Date   End Date  

Payment Method  Contract Paid  Individual Pays Own

## Other Considerations

Offsite Functions (Desc.)

Where

Size

Date

Time

## Meeting Facility / Metro Accessibility

Required  Flexible

Which Line

## Special-Requirement/Handicap-Accessible Rooms

# of Rooms Required

Special devices

Please specify

## Notes/Comments

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## Food & Beverage

Participant Registration Fee  Yes  No (Not applicable to NIH users)

Federal Employee Registration Fee  Yes  No (Not applicable to NIH users)

# Waived from Registration Fee  (i.e. speakers, special invited guests) (Not applicable to NIH users)

### AM Break

AM Break

Payment Method:  Contract Paid  Registration Fee

# of Days

# of People

### PM Break

PM Break

Payment Method:  Contract Paid  Registration Fee

# of Days

# of People

### Breakfast

Breakfast

Payment Method:  Contract Paid  Registration Fee

# of Days

# of People

### Lunch

Lunch

Payment Method:  Contract Paid  Registration Fee

# of Days

# of People

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## Dinner

Dinner

Payment Method:  Contract Paid  Registration Fee

# of Days

# of People

## Networking Session

Networking Session

Payment Method:  Contract Paid  Registration Fee

# of Days

# of People

## Reception

Reception

Payment Method:  Contract Paid  Registration Fee

# of Days

# of People

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Phone: (703) 234-1700; Fax: (703) 234-1701; Email: [HHS@team-psa.com](mailto:HHS@team-psa.com)

## Program Development

- Program Design
- Agenda Development
- Coordination of Subcommittees
- Planning Committees

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## Material Development and Coordination

- Graphics/Branding Program for Event
- Write Materials in Support of the Event (before the event)
- Develop Meeting Materials Webpage (adjunct to registration website)
- Produce Materials Developed by Government
- Directional Signs
- Name Tags
- Meeting Logo
- Mass Email Distribution
- Final Summary Report

## Develop

- |  |             |                      |
|--|-------------|----------------------|
| <input type="checkbox"/> Agenda              | # of Copies | <input type="text"/> |
| <input type="checkbox"/> Agenda at a Glance  | # of Copies | <input type="text"/> |
| <input type="checkbox"/> Conference Brochure | # of Copies | <input type="text"/> |
| <input type="checkbox"/> Save-the Date Card  | # of Copies | <input type="text"/> |
| <input type="checkbox"/> Program Books       | # of Copies | <input type="text"/> |
| <input type="checkbox"/> Newsletter          | # of Copies | <input type="text"/> |
| <input type="checkbox"/> Handout             | # of Copies | <input type="text"/> |

## Tent Cards

- Speakers and Moderators Only     Entire Group

Estimated Number

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## Presentation Preparation and Support

Please describe

## Participant List

Onsite    Post Meeting    Both

## Mailout

Please describe

## Contractor Logistical Information

- Logistical Letter
- Hotel Fact Sheet
- Invitation Letter
- Honorarium Form
- Reimbursement Form

## Other Types of Support

CD of Meeting Materials and Presentations    Post    Pre-Meeting   How many

Post Meeting Materials on Meeting Webpage    Post    Pre-Meeting

Please provide description (Post Meeting Materials on Meeting Webpage, i.e. Presentations, Final Participant List, Handouts)

Webcasting

Other Handouts (Please describe)

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## Transcription/Editorial Services

How Many?

# of days required

Verbatim Transcription

Estimated Number of Hours

Recorders (writers in room to record and synthesize proceedings)

Proceedings Document

Minutes/Notes

Writers with specific subject matter expertise  
(please specify)

## Pre-registration

Develop Registration Forms

Online Registration Services and Website

Provide/publish Pre-registration List

## Onsite Registration

Facilitated Quick Check-In

VIP Check-In

Speaker Check-In

Federal Check-In

## Post Event

Provide/Publish Final Participation List

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## Speaker & Consultant Services

### Facilitator

How many

# of Days required

Will Government provide list?  Yes  No

If so, will the contractor contact to confirm?  Yes  No

Will the contractor be responsible for identifying facilitators?  Yes  No

### Sign-Language Interpreter

# of Days required

### Speakers

How many

# of Days required

Are speakers receiving honorarium?  Yes  No

If so, how much per day?

Will speaker receive travel and per diem?  Yes  No

Will Government provide list?  Yes  No

If so, will the contractor contact to confirm?  Yes  No

Will the contractor be responsible for identifying speakers?  Yes  No

### Additional Instructions

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## Per Diem/Honorarium

### Per Diem

Per Diem

# of People to Receive per Diem

### Ground Transportation

Arrange for Ground Transportation in Arriving City

Meet and Greet Service

Authorize Rental Car Number of Days

### Honorarium

# of People to Receive Honorarium

Rate per Day

Rate per Hour

Number of Days

### Additional Instructions

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## Exhibit Management

Identify Exhibitors

Does the Client have an existing list of potential exhibitors?  Yes  No

Will Team PSA be responsible for securing exhibit space?  Yes  No

Coordinate Exhibit Space

Design exhibit booth

What are the booth dimensions?

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## Audiovisual

AV/Computers	Number	# of Days
35mm Slide Projectors	<input type="text"/>	<input type="text"/>
Overhead Projector	<input type="text"/>	<input type="text"/>
Screens	<input type="text"/>	<input type="text"/>
LCD Projector (for PowerPoint)	<input type="text"/>	<input type="text"/>
Wireless Lavalier Microphone	<input type="text"/>	<input type="text"/>
Wireless Hand-Held Microphone	<input type="text"/>	<input type="text"/>
Podium	<input type="text"/>	<input type="text"/>
Flip Chart Package (Pad; Markers;Tape)	<input type="text"/>	<input type="text"/>
Laptops	<input type="text"/>	<input type="text"/>
Office Computers	<input type="text"/>	<input type="text"/>
T1 Line	<input type="text"/>	<input type="text"/>
Video Taping	<input type="text"/>	<input type="text"/>
IMAG (Image Magnification; Persons image on screen)	<input type="text"/>	<input type="text"/>
Multiple Screen Displays	<input type="text"/>	<input type="text"/>
Plasma Monitor Displays	<input type="text"/>	<input type="text"/>
Wide-Screen Display System	<input type="text"/>	<input type="text"/>
Web Streaming/Casting	<input type="text"/>	<input type="text"/>
Video Conferencing	<input type="text"/>	<input type="text"/>
Video Creation/Duplication	<input type="text"/>	<input type="text"/>

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VHS Player

DVD Player

Betacam Player

Notes/Comments

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## Onsite Support

- Onsite Registration
- Room Monitoring
- Hotel Liaison
- Daily Onsite Support
- Poster Session Set-up/Monitoring
- Copying and Duplication
- Word Processing Support
- Fee Collection (Not applicable to NIH users)
- Exhibit Management
- Poster Session Management
- Tour Services
- Spouse Tours
- Theme Decoration
- Hospitality Suite Coordinator/Monitor
- Security

Special Needs:

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## Speaker & Reviewer Identification

### Speaker

Identify Speaker

Total # of Speakers  # of Days required

Rate per Day  Rate per Hour

Arrange Travel for Speakers (Indicate number)

Air  Local (e.g. Taxi, Limousine)  Personal Vehicle (Reimbursement only)

Arrange Ground Transportation for Air Travelers

Provide Meet and Greet

### Reviewers

Identify, Recruit, and Confirm Reviewers

Total # of Reviewers  # of Days required

Rate per Day  Rate per Hour

Arrange Travel (Indicate estimated number for each)

Air  Local (e.g. Taxi, Limousine)  Personal Vehicle (Reimbursement only)

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### **Post-Conference Services**

- Participant Evaluation
- Thank-You Letter
- Meeting Presentation Materials

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## Training Services

### Needs Assessment Tool Design

Needs Assessment Tool Design

### Conduct Needs Assessment and Analyze Results

# of Participants  # of Locations  # of Travelers

### Dissemination of Needs Assessment Report

# of Copies  # of Recipients

### Ethnography Charting and Survey Design

# of Participants  # of Locations  # of Travelers

### Survey Report

# of Copies  # of Recipients

### Focus Group Tool Design

Focus Group Tool Design

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## Focus Group Facilitation and Reporting

# of Participants

# of Locations

# of Travelers

## Focus Group Report Dissemination

# of Copies

# of Recipients

## Curriculum Design and Development

- Researchers/Writers/Editors
- Trainers
- Administrative Assistants for Word Processing
- Art Design
- IT Staff

## Pilot Testing of Training Package and Reporting

# of Participants

# of Locations

# of Travelers

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## Training Delivery Format Design

Web-Based Registration - # of Participants:

Onsite:

Hotel Selection

Participant Registration

# of Participants:  # of Trainers:

Equipment (e.g. Computer Workstation)

Training Manuals and Materials

Teleconference

# of Sessions:  Duration:

Web-Based Delivery

# of Sessions:  Duration:

Webcast Delivery

# of Sessions:  Duration:

Translation of Materials - Languages:

## Training Delivery Events

# of Participants  # of Locations  # of Logistical Requirements

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## Technical Assistance (TA) Provision to Grantees

Needs Assessment

Site Identification

Subject Matter Experts or Consultants Contracted

Research and Materials Development

TA Delivery Selection

Teleconference

# of Sessions:

Duration:

Web Based Delivery

# of Sessions:

Duration:

Web Cast Delivery

# of Sessions:

Duration:

Translation of Materials - Languages:

TA Provision

# of Locations:

# of Days:

TA Assessment and Recommendations Report

## Event or Service Evaluation

Evaluation Tool Development

Dissemination Format

Onsite

Process:

Impact:

Options: