**FULL-SERVICE PROVIDER**

**PROPOSAL/QUOTE TEMPLATE**

The purpose of these guidelines is to facilitate the review process of feasibility proposals. It is recommended that each proposed program receive at least two to three quotes/proposals from different full-service third party providers, and that they are as detailed as possible. The quotes/proposals will need to be attached to the Feasibility Proposal Form submitted by the Academic Program Director (APD). The committee will review the options submitted, and identify the most viable provider. This decision will be based on the quote/proposal submitted by the provider, the specific program needs, as well as the overall compliance with Texas State requirements.

**Provider’s general information**

* Address
* Website
* Contact person
* Phone number
* Email
* Program location
* Dates of service
* General description of service

**Program Management**

* Minimum and maximum number of students
* Deadline for program confirmation
* Payment deadlines and conditions
* Specify if the quote given is in US dollars or foreign currency

**Student Housing**

* + - Type (dorm, apartment, host family, etc.)
		- Brief description; include photos if possible
		- Type of occupancy; specify additional cost if applicable
		- Check-in and check-out dates
		- Deposit requirements and refund policies and procedures
		- Utilities if applicable
		- Laundry services or facilities available in the building, and if the quote includes these services
		- Safety features and protocols in place
		- Internet availability

**Student Meals (if included)**

* + - Specify what meals (breakfast, lunch, and/or dinner), and the number of meals included in the quote
		- Venue (restaurant, cafeteria, homestay, etc.)
		- Availability of meals for participants with dietary restrictions
		- Indicate if students will receive a meal allowance, meal card, or actual meals
		- If a meal allowance will be provided, specify how these funds will be distributed to students
		- Benefit of including meals, rather than leaving this expense opt to the students

**Faculty/Assistant Housing**

* + - Type (dorm, apartment, host family, etc.)
		- Brief description; include photos if possible
		- Type of occupancy; specify additional cost if applicable
		- Check-in and check-out dates
		- Deposit requirements and refund policies and procedures
		- Utilities if applicable
		- Laundry services or facilities available in the building, and if the quote includes these services
		- Safety features and protocols in place
		- Internet availability

**Faculty/Assistant Meals (if included)**

* + - Specify what meals (breakfast, lunch, and/or dinner), and the number of meals included in the quote
		- Venue (restaurant, cafeteria, homestay, etc.)
		- Availability of meals for participants with dietary restrictions
		- Indicate if faculty will receive a meal card, or actual meals
		- Benefit of including meals, rather Texas State per diem

**Transportation**

* Airport pick-up and drop off. Specify if this is as a group or individually
* Type of transportation (charter bus, taxi, public transportation, etc.)
* Local transportation. If included, specify the number of trips, type, etc.
* Tips. If not included, indicate the recommended amount
* Inter-city transportation such as airfare or train pass. If included, provide details
* Transportation for faculty. If included, provide details

**Facilities and Instruction**

* Classroom/room description
* Number of hours
* Space availability for tutoring and/or program management
* Instructors/guest lecturers, how many, number of hours, etc.
* Internet availability

**Activities and Excursions**

* Number and description (attach description if available)
* Specify if tour guides are included. If so, indicate if tips are included or recommended amount
* Transportation details
* Entrance fees
* For overnight excursions, describe housing arrangements
* Specify if faculty excursion costs are included. Provide details

**Health and Safety**

* On-site support available 24/7. Describe
* Specify if a provider’s representative will accompany the group
* Copy of Provider’s Emergency Action Plan
* Copy of liability insurance policy if available
* Indicate if a telephone will be provided to the APD. If not, recommended options and estimated cost