



## **Adaptive Sports USA Junior Nationals™ Bid Application**

The following application is for the purpose of obtaining information about prospective sites for Adaptive Sports USA annual Junior Nationals™. The information received in this bid application will be used to evaluate whether a location is suitable for hosting the Adaptive Sports USA Junior Nationals™ with consideration for experience in event management, an understanding of the sport industry, support of the local community and a local organizing committee's ability to generate event sponsorships. The criteria will be reviewed by various members of the Adaptive Sports USA Junior Committee, staff and Board of Directors. A final decision can be expected from Adaptive Sports USA within 45 days of the due date.

### **Questions or comments:**

If you should have any questions or comments, please contact Susan Rossi, Adaptive Sports USA Executive Director, at (719)439-3823 or via email at [director@adaptivesportsusa.org](mailto:director@adaptivesportsusa.org).

### **Bid Deadline:**

Bid applications for the Adaptive Sports USA Junior Nationals™ RFP must be received by the Adaptive Sports USA National Office no later than 5:00 pm MST, on March 1 the year prior to the competition year desired. If Adaptive Sports USA receives a strong bid prior to the deadline, we reserve the right to move forward awarding the bid at an earlier date.



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Have you viewed the Adaptive Sports USA Junior Nationals™ RFP?  Yes  No

Year applying for: \_\_\_\_\_

**HOST CITY INFORMATION:**

Host city and state:	
Population:	
Metro Area:	
Local Media:	
Major airport(s) serving the Metro Area:	
Average temperature during the month of July (High / Low):	

**HOST ORGANIZATION INFORMATION:**

Local Host Organization Legal Name: \_\_\_\_\_

Type of organization (nonprofit, corporate, municipal, CVB, Sports Commission, Adaptive Sports USA Chapter, DSUSA chapter &/or Paralympic Sport Club, etc.):

Street Address 1:	
Street Address 2:	
City:	
State:	
Postal Code:	
Website:	
Facebook:	

Year organization established: \_\_\_\_\_

Primary funding source(s): \_\_\_\_\_

Name and year of sporting events previously hosted: \_\_\_\_\_

Level of volunteer and community support (Low, Medium, High): \_\_\_\_\_



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Event specific supporting organizations (Name of organization(s) and role(s)): \_\_\_\_\_  
\_\_\_\_\_

Ongoing local partners and collaborations: \_\_\_\_\_  
\_\_\_\_\_

Ongoing national partners and collaborations: \_\_\_\_\_  
\_\_\_\_\_

**LOCAL ORGANIZING COMMITTEE INFORMATION:**

Event Director First Name:	
Event Director Last Name:	
Event Director Primary Phone Number:	
Event Director Fax + Area Code:	
Event Director Email:	

Event Director Background and Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please list information regarding individuals to oversee the main areas of the event.** (Title may vary). These are interested individuals you have in mind at the current time. If no one has been identified for one of the roles listed, please state that.

<b>Role</b>	<b>Background/Experience</b>
Administration / Registration Coordinator	
Food and Beverage Coordinator	



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<b>Role</b>	<b>Background/Experience</b>
Logistics Coordinator	
Marketing & Outreach / Public Relations Coordinator	
Medical / Risk Management Coordinator	
Special Events Coordinator Opening / Closing celebration, socials, educational events	
Archery Coordinator To include liasion for local officials	
Athletics (Track & Field) Coordinator To include liasion for local officials	
Powerlifting Coordinator To include liasion for local officials	
Swimming Coordinator To include liasion for local officials	



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<b>Role</b>	<b>Background/Experience</b>
Table Tennis Coordinator To include liasion for local officials	
Sponsorship Coordinator	
Venue Coordinator(s)	
Volunteer Coordinator	

**EVENT INFORMATION:**

Requested dates in July: \_\_\_\_\_

Start: \_\_\_\_\_

End: \_\_\_\_\_

My dates are flexible:  Yes  No

Sports to be contested (must include Archery, Powerlifting, Swimming, and Track and Field): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional events being considered (welcome / closing celebrations, educational sessions, socials):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Host hotel:**

Host Hotel name:	
Street	
City, State, Zip Code	
Key Contact Name:	
Key Contact Primary Phone Number:	
Key Contact Email:	

Number of rooms available nightly the duration of the event: \_\_\_\_\_

Accessible rooms available?  Yes  No

If yes, how many? \_\_\_\_\_

Host hotel shuttle to and from airport?  Yes  No

If yes, is what is the cost? \_\_\_\_\_

Proposed daily rate: \_\_\_\_\_

Is breakfast included at the hotel or venues?  Hotel  Venues  Both

Are there restaurants within walking distance?  Yes  No

Is Wi-Fi available?  Yes  No

If yes, what is the cost? \_\_\_\_\_

Average daily parking fee? \_\_\_\_\_

Swimming pool onsite?  Yes  No

**Venues:**

Please review Appendix B in the Request for Proposal for venue requirements before completing the grid below. All venues will be verified by the Adaptive Sports USA contact during the site visit.



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<b>Event</b>	<b>Venue Name</b>	<b>Miles From Host Hotel</b>	<b>Approximate Drive Time (Max 20 min)</b>
Host Hotel (registration / classification)			
Alternate Hotel			
Airport			
Alternate Airport			
Opening Ceremony			
Archery			
Powerlifting			
Swimming			
Table Tennis (if applicable)			
Track and Field			
Optional Sport 1			
Optional Sport 2			
Social 1			
Social 2			
Closing Celebration			
Emergency Medical Facility			

**Marketing and Outreach:**

List three suggestions to expand the participant reach and increase the number of athletes to Adaptive Sports USA Junior Nationals™:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Budget and Sponsorship:**

How will the Host Organization support the event (cash contributions, value in kind, manpower, etc.)? \_\_\_\_\_

\_\_\_\_\_



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Have sponsors been identified?  Yes  No

If yes, who? \_\_\_\_\_

\_\_\_\_\_

Based upon the Host Organization's knowledge of the city being proposed, as well as the Local Host's roles and responsibilities set out in the Adaptive Sports USA Junior Nationals™ RFP, please provide a budget that would sufficiently cover all aspects of the event. If the bid is selected, both parties can work together to fine tune and/or revise the budget accordingly.

**ADDITIONAL INFORMATION:**

What is the legacy you'd like to see for your city as well as the country around the Adaptive Sports USA Junior Nationals™ if the bid is selected?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please include any additional information you feel would be helpful.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any questions for Adaptive Sports USA at this time?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





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First / Last Name of individual submitting bid application:	
Primary phone number of individual submitting bid application:	
Email address of individual submitting bid application:	

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date submitted: \_\_\_\_\_

Please note: If the bid is selected, a more detailed Event Plan will be requested to include the following areas: budget and sponsorship, schedule of events, venue list, registration and entry procedures, marketing and outreach and logistics. A contract will also be signed between the Local Host and Adaptive Sports USA.

**All documents should be mailed or emailed to:**

Adaptive Sports USA  
Susan Rossi, Executive Director  
P.O. Box 621023  
Littleton, CO 80162  
director@adaptivesportsusa.org

**For Adaptive Sports USA Office Use Only:**

Date Bid Received: \_\_\_\_\_

Signature of Adaptive Sports USA Executive Director: \_\_\_\_\_

Date: \_\_\_\_\_

Follow-up Notes: \_\_\_\_\_

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