

**Provider Bid Questionnaire
University of Florida International Center
Customized Study Abroad Partnership Programs**

Name of Company/University/Organization: _____

Company/University/Organization webpage: _____

Director of Custom Programs: _____ Email: _____

Phone: _____ Address: _____

1. Please provide the following information relating to your Company/University/Organization.

1. Type of entity:

_____ Private _____ Public _____ Non-Governmental Organization

2. Place of incorporation: _____

3. Size: _____

4. Affiliations/Credentials:

_____ FORUM Member Organization _____ Diversity Abroad Member Organization

_____ NAFSA Membership/Involvement

Other Credentials/Awards (if applicable):

5. School(s) of Record (if applicable):

6. Experience working with universities in creating, managing, and implementing customized study abroad programs.

7. Countries your company/organization is registered or licensed to operate:

**2. Please provide the following information regarding your Organization's/University's/
Company's insurances and limits and provide a copy of each policy.**

1. Participant Health Insurance Coverage:

We do not offer health insurance

Provider: _____

Coverage:

Medical (per covered accident/sickness) Max Limit: _____

Emergency Medical Reunion Max Limit: _____

Trip Interruption Max Limit: _____

Emergency Medical Evacuation Max Limit: _____

Accidental Death and Dismemberment Max Limit: _____

Repatriation Max Limit: _____

Security Evacuation Max Limit: _____

Comments/Clarifications:

2. Liability Coverage:

Provider: _____

Description of Coverage

- Should UF need to purchase supplemental liability insurance in the host country, please inform us on the maximum liability coverage that can be purchased and a list of potential insurance companies we could utilize.

3. Please identify the range of services your organization is able to provide for customized study abroad programs.

1. Prior to the start of the program:

- Custom program proposal
 - Complete itinerary
 - Additional classes to be taught by local faculty (if applicable)
 - Cultural programming
 - Tiered per student program fee (if requested)
- Student support (pre-departure orientation, visa assistance, etc.)
- Vetting host families (if applicable)
- Vetting local vendors such as hotels, bus companies and other service providers
- Facilitation of internship/service-learning/research placement (if applicable)

2. During the program:

- Housing for students and faculty
- Airport pick-up and drop-off (if requested)
- In-country orientation which includes topics such as health, safety, wellness, cultural adjustment, general introduction to host country society/culture/politics, behavioral expectations etc.
- Classroom facilities (if applicable)
- Excursion/co-curricular activity implementation with faculty
- Access to computers/internet for participants

Emergency assistance for students and faculty

24/7 emergency phone: _____

24/7 Onsite Student Services staff

Assistance with independent travel for students on free weekends

3. Upon completion of the program:

Sending transcripts for non-UF courses to UF for processing (if applicable)

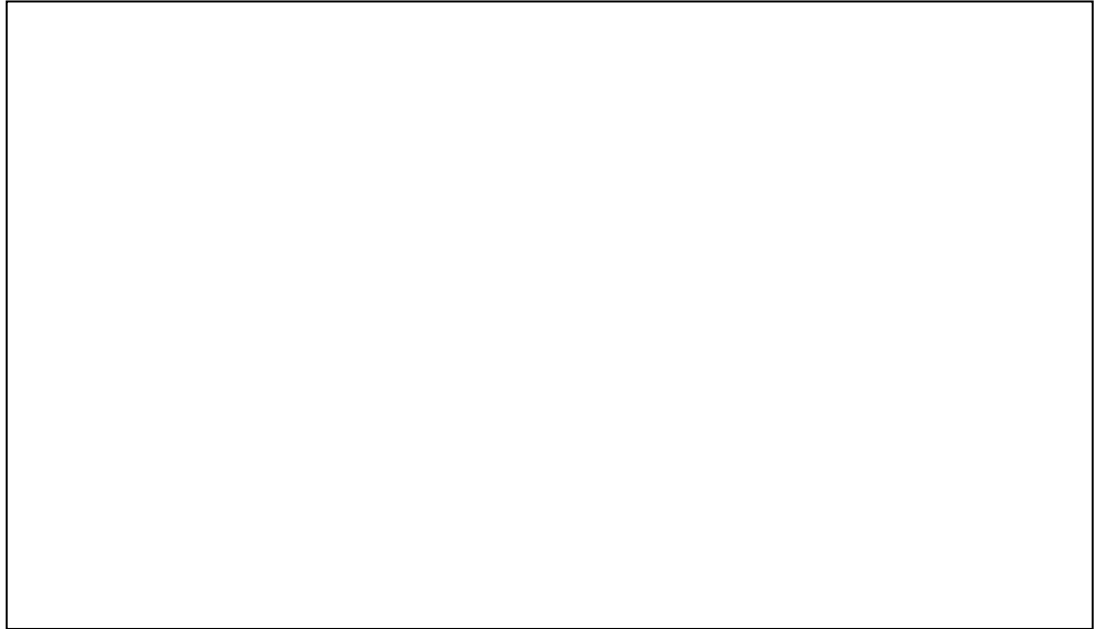
Conduct evaluation of the program

4. Please answer the following questions regarding contracting local vendors.

1. How are local partners (e.g., vendors, drivers, housing, restaurants etc.) identified? How are they employed by your organization?

2. Please describe your policies, expectations and standards regarding outside contractors.

3. How are homestays selected/vetted? What are the criteria that makes a particular host family suitable for students?



4. What is in place in regards to local infrastructure/support staff?



5. What measures are in place during an emergency (individual student, group, natural or political, etc).

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE EMAIL THIS DOCUMENT AND COPIES OF ANY APPLICABLE INSURANCE CERTIFICATES TO THE FOLLOWING:

For partners in the Americas and Asia:

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For partners in Europe and Africa:

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