

**Attachment 6  
Submission Form for  
Price Proposal  
(ROOM BLOCK ONLY)**

A. Proposer’s name, address, telephone and fax numbers, email and federal tax identification number.

Firm (Legal Name):	
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B. Propose sleeping room tax and surcharge rate(s) below. Enter each individual tax or surcharge on a separate line:

Item Number	Type of Tax or Surcharge	Percentage Rate	Dollar Amount
a.	Occupancy Tax		
b.			
c.			
d.			
e.			
f.	Property accepts hotel/motel transient occupancy tax waiver (exemption certificate for state agencies)	Yes	No

C. Propose Sleeping Rooms schedule, including sleeping room unit rate(s), tax and/or surcharge, if applicable, extended price(s), and total. Propose schedule based upon the Allowable Unit Price(s) Reimbursable by the State, as indicated on the RFP in Section 2.

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Sleeping Room Unit Rate
Monday, April 9	Single/Double Occupancy	4	
Tuesday, April 10	Single/Double Occupancy	25	
Wednesday, April 11	Single/ Double Occupancy	25	
		54	

D. Propose Parking price schedule, number of parking passes, discounted passes and parking rate inclusive of any service charges, gratuity, and/or sales tax. Enter “n/a” for any items that are not applicable. Propose schedule based upon the Program’s dates as set forth in Section II, of RFP

	Valet Parking	Self Parking
Standard Parking Rate		
Proposed Parking Rate		

E. Propose High speed internet connection pricing.

What are the daily internet charges for guests in sleeping rooms? \_\_\_\_\_

F. **Signature (must be completed by proposer):**

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_  
Signature Print Name

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