**Attachment 5**

**Submission Form for**

**Technical Proposal**

**(Room Block Only)**

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

|  |  |
| --- | --- |
| Firm (Legal Name): |  |
| Address: |  |
| Address Line 2: |  |
| City, State, Zipcode |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Federal Tax ID Number: |  |

Please indicate which date(s) you are offering for the program

|  |  |  |  |
| --- | --- | --- | --- |
| **Room Block Number** | **Dates** | **Yes** | **No** |
| 1 | April 23 - 25, 2014 |  |  |
| 2 | June 24 - 27, 2014 |  |  |
| 3 | August 19 – 22, 2014 |  |  |
| 4 | October 26 – 28, 2014 |  |  |
| 5 | December 10 – 12, 2014 |  |  |

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable.

**Room Block #1**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Wednesday, April 23 | Single/Double Occupancy | 10 |  |
| Thursday, April 24 | Single/Double Occupancy | 35 |  |
| Friday, April 25 | Single/ Double Occupancy | Check Out |  |
|  |  | 45 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

**Room Block #2**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Tuesday, June 24 | Single/Double Occupancy | 10 |  |
| Wednesday, June 25 | Single/Double Occupancy | 40 |  |
| Thursday, June 26 | Single/ Double Occupancy | 40 |  |
| Friday, June 27 | Single/ Double Occupancy | Check Out |  |
|  |  | 90 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

**Room Block #3**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Tuesday, August 19 | Single/Double Occupancy | 10 |  |
| Wednesday, August 20 | Single/Double Occupancy | 25 |  |
| Thursday, August 21 | Single/ Double Occupancy | 40 |  |
| Friday, August 22 | Single/ Double Occupancy | Check Out |  |
|  |  | 75 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

**Room Block #4**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Sunday, October 26 | Single/Double Occupancy | 5 |  |
| Monday, October 27 | Single/Double Occupancy | 35 |  |
| Tuesday, October 28 | Single/ Double Occupancy | Check Out |  |
|  |  | 40 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

**Room Block #5**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Wednesday, December 10 | Single/Double Occupancy | 5 |  |
| Thursday, December 11 | Single/ Double Occupancy | 35 |  |
| Friday, December 12 | Single/ Double Occupancy | Check Out |  |
|  |  | 40 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

Are Sleeping rooms compliant with American Disabilities Act (ADA)?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1. Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
| 1. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |

1. Propose options for transportation to the hotel on public transportation

Discuss the various means of transportation to local airports.

|  |
| --- |
| Discuss the approximate distance from major freeways. |
|  |

**OFFER PERIOD**

A Proposer's proposal is an irrevocable offer for ninety (90) days following the proposal due date. In the event a final contract has not been awarded within this ninety (90) day period, the AOC reserves the right to negotiate extensions to this period.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_. | | | |
| By: |  |  |  |
|  | Signature |  | Print Name |
| Title: |  |  |  |