

**Attachment 6  
Submission Form for  
Price Proposal  
(Full Service)**

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

Firm (Legal Name):	
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B. Propose Meeting and Function Room Rates. Please note the maximum Meeting Room Rental as indicated on the RFP in Section 2.

Based Upon Percentage of Block	Inclusive Meeting Room Rental Rates
If the total sleeping rooms occupied equals 80-100% of the total sleeping rooms blocked.	Complimentary
If the total sleeping rooms occupied equals 70–79% of the total sleeping rooms blocked.	
If the total sleeping rooms occupied equals 60–69% of the total sleeping rooms blocked.	
If the total sleeping rooms occupied equals 59% or less of the total sleeping rooms blocked.	

C. Propose Termination Fee and corresponding Effective Deadline Date. Please note the maximum Termination Fee as indicated on the RFP in Section 2:

Item Number	Termination	Effective Deadline Date	Inclusive Termination Fees
a.	Effective on or before:		
b.	Effective on or before:		
c.	Effective on or before:		
d.	Effective on or after:		

D. Check either “yes” or “no” beside each of the items listed below. If applicable, propose the rate(s) for tax and/or surcharge below:

Item Number	Type	Yes	No	Percentage Rate	Dollar Amount
a.	Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies)				
b.	Occupancy Tax rate:				
c.	Tourism, State Tax or Surcharge:				
d.	Tourism, State Tax or Surcharge:				

E. 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.

Dates	Estimated # of Single / Double Occupancy Required	Room Rate	Extended Room Rate including all charges
Date 3	65		
Date 4	65		
Date 5	65		
Date 6	65		
Date 7	65		
Date 8	5		
Date 9	5		
Date 10	5		
Date 11	70		
Date 12	70		
Date 13	70		
Date 14	70		
<b>Total</b>	<b>620</b>		

F. Propose Food and Beverage schedule, including food and beverage rate(s) inclusive of any service charges, gratuity, and/or sales tax. Propose schedule based upon the Allowable Maximum Unit Price(s) Reimbursable by the State, set forth in on the RFP in Section 2.

Type of Group Meal	Days	Food and Beverage detailed Menu Samples Variety Options
Breakfast Buffet	Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14, Date 15	

Type of Group Meal	Days	Food and Beverage detailed Menu Samples Variety Options
AM Break	Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14, Date 15	
Lunch – Plated or Buffet.	Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14	
PM Break	Date 4, Date 5, Date 6, Date 7, Date 11, Date 12, Date 13, Date 14	
Boxed Dinner	Date 5	
Buffet or Plated Dinner	Date 12, Date 14	

G. 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

	Estimated Number of Parking Passes	Parking Rate
Complimentary Parking Passes		
Discounted Parking Rate		
Normal Parking Rate		

H. Propose High speed internet connection pricing.

- What are the daily charges for an individual computer connected to the Internet in meeting rooms? \_\_\_\_\_
- Are there additional charges for multiple computers connected to the Internet where the client provides the necessary networking hardware? Yes  No  . If yes, how much per day? \_\_\_\_\_ (Please propose the lowest package rate possible) **The computer lab will have up to 20 computers.**
- What are the daily charges for computer connection for individual guests? \_\_\_\_\_

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

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

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

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