**ATTACHMENT 6**

**SUBMISSION FORM FOR PRICE PROPOSAL**

**(ROOM BLOCK ONLY)**

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

|  |  |
| --- | --- |
| Firm (Legal Name): |  |

1. 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 | PercentageRate | 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 |
|  |  |

1. 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 23 | Single/Double Occupancy | 4 |  |
| Tuesday, April 24 | Single/Double Occupancy | 25 |  |
| Wednesday, April 25 | Single/Double Occupancy | 25 |  |
|  |  | 54 |  |

1. 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 |  |  |

1. Propose High speed internet connection pricing.

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

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

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

***END OF ATTACHMENT***