**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: |  |

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

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Requested Upgrades at Group Rate | Confirm Number of Rooms able to provide | Confirm Number of Upgrades able to provide |
| --- | --- | --- | --- | --- | --- |
| Monday, September 10 | Single/Double Occupancy | 82 | 0 |  |  |
| Tuesday, September 11 | Single/Double Occupancy | 82 | 0 |  |  |
| Wednesday, September 12 | Single/ Double Occupancy | 82 | 0 |  |  |
| Thursday, September 13 | Single/ Double Occupancy | 82 | 0 |  |  |
| Friday, September 14 | Check out |  |  |  |  |
|  |  | 328 |  |  |  |

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

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

Will the sleeping room rate provided in Attachment 6, include complimentary breakfast for all hotel guests?

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

If you checked yes, please indicate what the breakfast includes.

|  |
| --- |
|  |
|  |

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. |
|  |

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

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