

**Attachment 5
Submission Form for
Technical Proposal
(Room Block Only)**

A. 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:	

B. Please indicate which dates you are offering for the program:

Room Block Number	Dates	Yes	No
1	February 25 – 26, 2013		
2	April 25 – 26, 2013		
3	June 25 – 28, 2013		
4	August 20 – 23, 2013		
5	October 24 – 25, 2013		
6	December 12 – 13, 2013		

C. 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
Monday, February 25, 2013	Single/Double Occupancy	30	
Tuesday, February 26, 2013	Check out	0	
		30	

Propose the cut-off date for reservations: _____

The hotel is not able to offer rooms on the above dates.
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Room Block #2

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Thursday, April 25, 2013	Single/Double Occupancy	30	
Friday, April 26, 2013	Check out	0	
		30	

Propose the cut-off date for reservations: _____

The hotel is not able to offer rooms on the above dates.
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Room Block #3

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Tuesday, June 25, 2013	Single/Double Occupancy	10	
Wednesday, June 26, 2013	Single/Double Occupancy	39	
Thursday, June 27, 2013	Single/Double Occupancy	39	
Friday, June 28, 2013	Check out	0	
		88	

Propose the cut-off date for reservations: _____

The hotel is not able to offer rooms on the above dates.
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Room Block #4

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Tuesday, August 20, 2013	Single/Double Occupancy	10	
Wednesday, August 21, 2013	Single/Double Occupancy	25	
Thursday, August 22, 2013	Single/Double Occupancy	39	
Friday, August 23, 2013	Check out	0	
		74	

Propose the cut-off date for reservations: _____

	The hotel is not able to offer rooms on the above dates.
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Room Block #5

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Thursday, October 24, 2013	Single/Double Occupancy	30	
Friday, October 25, 2013	Check out	0	
		30	

Propose the cut-off date for reservations: _____

	The hotel is not able to offer rooms on the above dates.
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Room Block #6

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Thursday, December 12, 2013	Single/Double Occupancy	30	
Friday, December 13, 2013	Check out	0	
		30	

Propose the cut-off date for reservations: _____

	The hotel is not able to offer rooms on the above dates.
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Are Sleeping rooms compliant with American Disabilities Act (ADA)?

Yes	
No	

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.		

- A. 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: _____