**Attachment 5**

**Submission Form for Technical Proposal**

**(Room Block Only)**

**Revision No. 1**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Spring – Room Block 1** | **Dates** | **Yes** | **No** |
| ~~Only~~ Option **1** | March 11 – 15, 2013 |  |  |
| **Option 2** | March 4 – 8, 2013 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Summer – Room Block 2** | **Dates** | **Yes** | **No** |
| Option 1 | June 3 – 7, 2013 |  |  |
| Option 2 | June 10 – 14, 2014 |  |  |

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

**Room Block #1 - Spring**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Monday, March 11, 2013 **Or****Monday, March 4, 2013** | Single/Double Occupancy | 78 |  |
| Tuesday, March 12, 2013**Or****Tuesday, March 5, 2013** | Single/Double Occupancy | 78 |  |
| Wednesday, March 13, 2013**Or****Wednesday, March 6, 2013** | Single/Double Occupancy | 78 |  |
| Thursday, March 14, 2013**Or****Thursday, March 7, 2013** | Single/Double Occupancy | 78 |  |
| Friday, March 15, 2013**Or****Friday, March 8, 2013** | Check Out |  |  |
|  |  | 312 |  |

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

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

**Room Block #2 - Summer**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Monday, June 3, 2013OrMonday, June 10, 2013  | Single/Double Occupancy | 78 |  |
| Tuesday, June 4, 2013OrTuesday, June 11, 2013 | Single/Double Occupancy | 78 |  |
| Wednesday, June 5, 2013OrWednesday, June 12, 2013 | Single/Double Occupancy | 78 |  |
| Thursday, June 6, 2013OrThursday, June 13, 2013 | Single/Double Occupancy | 78 |  |
| Friday, June 7, 2013OrFriday, June 14, 2013 | Check Out |  |  |
|  |  | 312 |  |

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 |  |

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. 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: |  |  |  |