**Attachment 6**

**Submission Form for**

**Price Proposal**

**(Full Service)**

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

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

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

|  |  |
| --- | --- |
| **June 2 - 5, 2013** |  |
| **June 9 – 12, 2013** |  |
| **June 16 - 19, 2013** |  |

1. 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. |  |

1. 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: |  |  |

1. 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 | PercentageRate | 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: |  |  |  |  |

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 |
| --- | --- | --- | --- |
| Day 1 | Single/Double Occupancy | 5 |  |
| Day 2 | Single/Double Occupancy | 63 |  |
| Day 3 | Single/ Double Occupancy | 63 |  |
|  |  | 131 |  |

1. 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 | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- |
| **Day 1** |
| PM Break | 70 |  |
| **Day 2** |
| Breakfast Buffet  | 70 |  |
| AM Break | 70 |  |
| Lunch Buffet -  | 70 |  |
| PM Break | 70 |  |
| **Day 3** |
| Breakfast Buffet  | 70 |  |
| AM Break | 70 |  |

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

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

1. 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)

* What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Signature (must be completed by proposer):**

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