**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, Zip code |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Web Site: |  |
| Hotel Check-in and Check-out time |  |
| Individual Guest room reservation cancellation policy |  |
| Federal Tax ID Number: |  |

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

|  |  |  |
| --- | --- | --- |
| **Preferred Dates** |  |  |
| Sept 29 – Oct 4, 2013 |  |  |
| Oct 20 – 25, 2013 |  |  |
| Nov 3 – 8, 2013 |  |  |
| May 4 – 9, 2014 |  |  |
|  |  |  |
| **Second Choice** |  |  |
| Oct 6 – 11, 2013 |  |  |
| Nov 3 – 8, 2013 |  |  |
| Feb 2 – 7, 2014 |  |  |
| May 4 – 9, 2014 |  |  |

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

**September 29 – Oct 4, 2013**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Sunday, September 29, 2013 | Single Occupancy | 14 |  |
| Monday, September 30, 2013 | Single Occupancy | 14 |  |
| Tuesday, October 1, 2013 | Single Occupancy | 14 |  |
| Wednesday, Oct 2, 2013 | Single Occupancy | 14 |  |
| Thursday, Oct 3 2013 | Single Occupancy | 14 |  |
| Friday, Oct 4, 2013 | Check out | 0 |  |
|  |  | 70 |  |

**October 20 - 25, 2013**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Sunday, October 20, 2013 | Single Occupancy | 14 |  |
| Monday, October 21, 2013 | Single Occupancy | 14 |  |
| Tuesday, October 22, 2013 | Single Occupancy | 14 |  |
| Wednesday, October 23, 2013 | Single Occupancy | 14 |  |
| Thursday, October 24, 2013 | Single Occupancy | 14 |  |
| Friday, October 25, 2013 | Check out | 0 |  |
|  |  | 70 |  |

**November 3 – 8, 2013**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Sunday, November 3, 2013 | Single Occupancy | 14 |  |
| Monday, Nov 4, 2013 | Single Occupancy | 14 |  |
| Tuesday, Nov 5, 2013 | Single Occupancy | 14 |  |
| Wednesday, Nov 6, 2013 | Single Occupancy | 14 |  |
| Thursday, Nov 7, 2013 | Single Occupancy | 14 |  |
| Friday, Nov 8, 2013 | Check out | 0 |  |
|  |  | 70 |  |

**May 4 – 9, 2014**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Sunday, May 4, 2014 | Single Occupancy | 14 |  |
| Monday, May 5, 2014 | Single Occupancy | 14 |  |
| Tuesday, May 6, 2014 | Single Occupancy | 14 |  |
| Wednesday, May 7, 2014 | Single Occupancy | 14 |  |
| Thursday, May 8, 2014 | Single Occupancy | 14 |  |
| Friday, May 9, 2014 | Check out | 0 |  |
|  |  | 70 |  |

**October 6 – 11, 2013**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Sunday, October 6, 2013 | Single Occupancy | 14 |  |
| Monday, Oct 7, 2013 | Single Occupancy | 14 |  |
| Tuesday, Oct 8, 2013 | Single Occupancy | 14 |  |
| Wednesday, Oct 9, 2013 | Single Occupancy | 14 |  |
| Thursday, Oct 10, 2013 | Single Occupancy | 14 |  |
| Friday, Oct 11, 2013 | Check out | 0 |  |
|  |  | 70 |  |

**February 2 – 7, 2014**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Sunday, February 2, 2014 | Single Occupancy | 14 |  |
| Monday, Feb 3, 2014 | Single Occupancy | 14 |  |
| Tuesday, Feb 4, 2014 | Single Occupancy | 14 |  |
| Wednesday, Feb 5, 2014 | Single Occupancy | 14 |  |
| Thursday, Feb 6, 2014 | Single Occupancy | 14 |  |
| Friday, Feb 7, 2014 | Check out | 0 |  |
|  |  | 70 |  |

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

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

1. Propose the cut-off date for reservations:

|  |  |  |
| --- | --- | --- |
| **Room Block Dates** | **Cut-off dates** | **Please note if approved** |
| September 29 – Oct 4, 2013 | September 9, 2013 |  |
| October 20 – 25, 2013 | September 30, 2013 |  |
| November 3 – 8, 2013 | October 14, 2013 |  |
| May 4 – 9, 2014 | April 14, 2014 |  |
| October 6– 11, 2013 | September 15, 2013 |  |
| November 3 – 8, 2013 | October 14, 2013 |  |
| February 2 – 7, 2014 | January 13, 2014 |  |
|  |  |  |

1. Other Program Needs (identify if included in other proposed pricing)

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
| 1. | Sleeping room group rate availability 2 days pre & post the contracted dates |  |  |
| 2. | Discount hotel parking |  |  |
| 3. | Complimentary room policy |  |  |

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: |  |  |  |