

**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. Propose Sleeping Room schedule. Enter "n/a" for any items that are not applicable.
If you are not able to provide the total number of sleeping room, please indicate the maximum number of rooms you are able to provide.

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Wednesday, August 28	Single/Double Occupancy	20	
Thursday, August 29	Single/Double Occupancy	105	
		125	

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

Yes	
No	

C. Propose the cut-off date for reservations: _____

D. 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.		

E. 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: _____