**Attachment 5**

**Submission Form for**

**Technical Proposal**

**(Full Service)**

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:

|  |  |  |  |
| --- | --- | --- | --- |
| **Room Block Number** | **Dates** | **Yes** | **No** |
| 1 | July 26 – August 9, 2013 |  |  |
| 2 | August 2 – 16, 2013 |  |  |

1. Estimated Meeting and Function Room Block:

 Propose Meeting and Function Rooms schedule, including the date, time, and a description of the set is detailed below. Please add the **Function room name, square footage**, noting dimensions, any odd shapes, angles, pillars and other salient characteristics). Enter “n/a” for any items that are not applicable.

 **Please attach a floor plan and meeting room capacity chart to the proposal.**

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name****Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Date 1 – 15** |
| 24 hour hold | Staff Office | Conference | 5 |  |
| **Date 3 - 15** |
| 24 hour hold | AV Storage | Empty Room |  |  |
| **Date 3 – 8****& Date 11 – 15** |
| 24 hour hold | Faculty Room | Conference | 10 |  |
| 24 hour hold | General Session | Conference tables of 8 for 64Head table for 2 and AV | 60 |  |
| **Date 3 – 7****& Date 11 – 14** |
| 24 hour hold | Breakout #1 | Crescent Rounds Head table for 2 | 20 |  |
| 24 hour hold | Breakout #2 | Crescent Rounds Head table for 2 | 20 |  |
| 24 hour hold | Breakout #3 | Crescent Rounds Head table for 2 | 15 |  |
| 24 hour hold | Breakout #4 | Crescent Rounds Head table for 2 | 15 |  |
| 24 hour hold | Breakout #5 | Crescent Rounds  | 8 |  |
| 24 hour hold | Breakout #6 | Crescent Rounds  | 8 |  |
| 24 hour hold | Breakout #7 | Crescent Rounds  | 8 |  |
| **Date 4**  |
| 6:30am – 12:00pm | Registration(set outside General Session) | (2) 6ft tables(4) chairs | Flow |  |
| **Date 4 – 8****& Date 12 - 15** |
| 7am – 9am | Breakfast | Location for Breakfast | 65/70 |  |
| 11am – 1:30 pm | Lunch | Location for Lunch | 65/70 |  |
| **Date 13** |
| 24 hour hold | Breakout #8Computer Lab | Classroom 2 per 6ftHead table for 2 | 20 |  |

Are Meeting and Function Rooms compliant with American Disabilities Act (ADA)?

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

Can the Program use its own audio-visual equipment and labor at no additional charge?

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

 **Please include an audio-visual price list sheet with this proposal for the Program.**

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

|  |  |  |
| --- | --- | --- |
| **Dates** | **Estimated # of Single / Double Occupancy[Insert appropriate term] Required** | **Confirm # of rooms able to provide** |
| Date 3 | 65 |  |
| Date 4 | 65 |  |
| Date 5 | 65 |  |
| Date 6 | 65 |  |
| Date 7 | 65 |  |
| Date 8 | 5 |  |
| Date 9 | 5 |  |
| Date 10 | 5 |  |
| Date 11 | 70 |  |
| Date 12 | 70 |  |
| Date 13 | 70 |  |
| Date 14 | 70 |  |
| **Total** | **620** |  |

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

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

1. Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Propose Food and Beverage schedule, including specific menus provided for the unit price indicated on the Form for Submission of Cost Pricing.

| Type of Group Meal | Days | Food and Beverage detailed Menu SamplesVariety Options |
| --- | --- | --- |
| Breakfast Buffet  | Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14, Date 15 |  |
| AM Break | Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14, Date 15 |  |
| Lunch – Plated or Buffet. | Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14 |  |
| PM Break | Date 4, Date 5, Date 6, Date 7, Date 11, Date 12, Date 13, Date 14 |  |
| Boxed Dinner | Date 5 |  |
| Buffet or Plated Dinner | Date 12, Date 14 |  |

Are you able to provide Kosher Meals at the same price as the group rate?

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

 If No, What is the cost of Kosher Meals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please indicate where your Kosher Meals come from:

|  |
| --- |
|  |
|  |

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

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1. | Complimentary Registration area telephone |  |  |
| 2. | (10) Complimentary easels |  |  |
| 3. | Complimentary Wired Internet for Registration and Wireless Staff Office for 5 computers |  |  |
| 4. | Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff |  |  |
| 5. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 6. | Complimentary parking spaces for staff |  |  |

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. |
|  |

**H. Signature (must be completed by proposer):**

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