**ATTACHMENT 6**

**SUBMISSION FORM FOR PRICE PROPOSAL**

**(FULL CONFERENCE SERVICES)**

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

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

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** | **Percentage Rate** | **Dollar Amount** |
| --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |
| b. | Tax rate: |  |  |  |  |
| c. | 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** | **Proposed Date(s)** | **Type of Sleeping Room** | **Estimated Number of Sleeping Rooms** | **Sleeping Room** **Unit Rate** |
| --- | --- | --- | --- | --- |
| Date 1 |  | Single/Double Occupancy | 10 |  |
| Date 2 |  | Single/Double Occupancy | 150 |  |
| Date 3 |  | Single/Double Occupancy | 300 |  |
| Date 4 |  | Single/ Double Occupancy | 200 |  |
| Date 5 |  | N/A | N/A |  |
|  |  |  | 660 |  |

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** |
| --- | --- | --- |
| **Date 2** |
| PM Break  | 15 |  |
| **Date 3** |
| Breakfast Buffet  | 250 |  |
| AM Break | 250 |  |
| Lunch | 250 |  |
| PM Break | 250 |  |
| **Date 4** |
| Breakfast Buffet  | 350 |  |
| AM Break | 350 |  |
| Lunch | 350 |  |
| PM Break | 350 |  |
| **Date 5** |
| Breakfast Buffet  | 200 |  |
| AM Break | 200 |  |

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? \_\_\_\_\_\_\_\_\_\_\_\_\_
* Can you propose the lowest **package** cost for multiple connection during conference?: wired \_\_\_\_\_\_\_\_\_\_\_ wireless\_\_\_\_\_\_\_\_\_\_
* What are the daily charges for computer connection for individual guests in sleeping rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Signature (must be completed by proposer):**

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

***END OF ATTACHMENT***