**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: |  |
| Federal Tax ID Number: |  |
| Web Site: |  |
| Hotel Check-in and Check-out time |  |
| Guest room reservation cancellation policy |  |

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

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | **Confirm Number of Rooms able to provide** |
| --- | --- | --- | --- |
| Tuesday, March 18, 2014 | Single  Occupancy | 46 |  |
| Wednesday, March 19, 2014 | Single  Occupancy | 46 |  |
| Thursday,  March 20, 2014 | Check-out | 0 |  |
|  |  | 92 |  |

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

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

1. Propose the cut-off date for reservations**:**
2. Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
|  | ***Additional Concessions provided by hotel:*** |  |  |
| 1) |  |  |  |
| 2) |  |  |  |
| 3) |  |  |  |
| 4) |  |  |  |

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. |
|  |

**Offer Period**

A Proposer's proposal is an irrevocable offer for ninety (90) days following the proposal due date.  In the event a final contract has not been awarded within this ninety (90) day period, the AOC reserves the right to negotiate extensions to this period.

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

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