**Attachment 6**

**Submission Form for**

**Price Proposal**

**(ROOM BLOCK ONLY)**

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

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

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 | Dollar Amount |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate: |  |  | $ |
| c. | State Tax  |  |  | $ |
| d. | Tourism or 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.

**Week #1**

| **Week #1** Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | **Sleeping Room Unit Rate** |
| --- | --- | --- | --- |
| Monday, May 13, 2013  | SingleOccupancy | 15 |  |
| Tuesday, May 14. 2013 | SingleOccupancy | 15 |  |
| Wednesday, May 15, 2013 | SingleOccupancy | 15 |  |
| Thursday, May 16, 2013 | SingleOccupancy | 15 |  |
| Friday, May 17, 2013  | Check-out  | 0 |  |
|  |  | 60  |  |

**Week #2**

| **Week #2** Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | **Sleeping Room Unit Rate** |
| --- | --- | --- | --- |
| Monday, May 20, 2013  | SingleOccupancy | 15 |  |
| Tuesday, May 21, 2013 | SingleOccupancy | 15 |  |
| Wednesday, May 22, 2013 | SingleOccupancy | 15 |  |
| Thursday, May 23, 2013 | SingleOccupancy | 15 |  |
| Friday, May 24, 2013  | Check-out  | 0 |  |
|  |  | 60  |  |

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

| Parking Rate | Valet Parking Rate  | Self Parking Rate  | Oversize vehicles/SUV  | In/Out Privileges |
| --- | --- | --- | --- | --- |
| Discounted Parking Rate |  |  |  |  |
| Normal Parking Rate |  |  |  |  |

1. Propose High speed internet connection pricing.

What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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