**Attachment 6**

**Submission Form for**

**Price Proposal**

**(Full Service)**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Dates** | **Estimated # of Single / Double Occupancy[Insert appropriate term] Required** | **Room Rate** | **Extended Room Rate including all charges** |
| 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** |  |  |

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 | 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 |  |

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? \_\_\_\_\_\_\_\_\_\_\_\_\_

(Please propose the lowest package rate possible) **The computer lab will have up to 20 computers.**

* 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: |  |  |  |