

**ATTACHMENT 6  
SUBMISSION FORM FOR PRICE PROPOSAL  
(Room Block Only)**

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

Firm (Legal Name):	
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B. Propose sleeping room tax and surcharge rate(s) below. Enter each individual tax or surcharge on a separate line:

Item Number	Type of Tax or Surcharge	Percentage Rate	Dollar Amount
a.	Occupancy Tax		
b.			
c.			
d.			
e.			
f.	Property accepts hotel/motel transient occupancy tax waiver (exemption certificate for state agencies)	Yes	No

C. 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	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Sleeping Room Unit Rate
Monday, April 23	Single/Double Occupancy	4	
Tuesday, April 24	Single/Double Occupancy	25	
Wednesday, April 25	Single/Double Occupancy	25	
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