

**Attachment 6  
Submission Form for  
Price Proposal  
(Full Service)**

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

Firm (Legal Name):	
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B. Propose Meeting and Function Room Rates. Check **one** of the following items.

\_\_\_\_\_ (A) Proposer can offer complimentary meeting space.

\_\_\_\_\_ (B) Proposer can offer meeting space at the following rate: \_\_\_\_\_

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

Item Number	Specify Name of all Taxes and/or Surcharges. List each tax or surcharge on a separate line.	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

D. 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
Sunday, September 9	Single/Double Occupancy	90	
Monday, September 10	Single/Double Occupancy	90	
Tuesday, September 11	Single/Double Occupancy	90	

