

**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. 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	Percentage Rate	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:				

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, October, 15 or Tuesday, October 16	Single/Double Occupancy	10	
Tuesday, October 16 or Wednesday, October 10	Single/Double Occupancy	60	
Wednesday, Oct 17 or Thursday, Oct 11	Single/ Double Occupancy	0	
		70	

D. 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	Tax Rate	Misc Rates: Oversize vehicles (suv), Hybrid	In/Out privilege
Discounted group Valet Parking Rate				
Discounted group Self Parking Rate				
Regular Valet Parking Rate				
Regular Self Parking Rate				

E. Propose High speed internet connection pricing.

What are the daily charges for computer connection for individual guests? _____

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

SIGNED this _____ day of _____, 20_____.

By: _____
Signature
Print Name

Title: _____