Attachment 5

RFP Title: *TCPJAC Room Block* RFP Number: *ASU EG-021* 

## Attachment 5 Submission Form for Technical Proposal (Room Block Only)

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

Firm (Legal Name):	
Address:	
Address Line 2:	
City, State, Zipcode	
Contact:	
Title:	
Phone Number:	
Fax Number:	
Email Address:	
Web Site:	
Federal Tax ID Number:	

B. Propose Sleeping Room schedule. Enter "n/a" for any items that are not applicable.

		Estimated	Confirm
	Type of	Number of	Number of
	Sleeping	Sleeping	Rooms able
Date	Room	Rooms	to provide
Wednesday,	Single/Double	<mark>15</mark>	
August 22	Occupancy		
Thursday,	Single/Double	100	
August 23	Occupancy		
Friday,	Check-Out	0	
August 25			
		<mark>115</mark>	

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Are Sleeping rooms of	compliant with	American Di	sabilities Act	(ADA)	?
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Yes		
No		
	1	

C. Propose the cut-off date for reservations:

## D. Other Program Needs (identify if included in other proposed pricing):

Item No.	Description	Approved (please note if approved)	Alternative
1.	Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room.		
2.	Discount Parking rate		

E.	Propose options for transportation to the hotel on public transportation	
	Discuss the various means of transportation to local airports.	
	Discuss the approximate distance from major freeways.	

## F. Signature (<u>must be completed by proposer</u>):

	SIGNED this day of	, 20
By:		
_	Signature	Print Name
¥41a.		