

**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:	
Federal Tax ID Number:	

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

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Requested Upgrades at Group Rate	Confirm Number of Rooms able to provide	Confirm Number of Upgrades able to provide
Monday, September 10	Single/Double Occupancy	82	0		
Tuesday, September 11	Single/Double Occupancy	82	0		
Wednesday, September 12	Single/ Double Occupancy	82	0		
Thursday, September 13	Single/ Double Occupancy	82	0		
Friday, September 14	Check out				
		328			

Are Sleeping rooms compliant with American Disabilities Act (ADA)?

Yes	
No	

Will the sleeping room rate provided in Attachment 6, include complimentary breakfast for all hotel guests?

Yes	
No	

If you checked yes, please indicate what the breakfast includes.

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.		

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 (**must be completed by proposer**):

SIGNED this _____ day of _____, 20_____.

By: _____
Signature Print Name

Title: _____