**Attachment 5**

**Submission Form for**

**Technical Proposal**

**(Room Block Only)**

1. 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: |  |

1. Please indicate which dates you are offering for the program:

|  |  |  |  |
| --- | --- | --- | --- |
| **Room Block Number** | **Dates** | **Yes** | **No** |
| 1 | February 25 – 26, 2013 |  |  |
| 2 | April 25 – 26, 2013 |  |  |
| 3 | June 25 – 28, 2013 |  |  |
| 4 | August 20 – 23, 2013 |  |  |
| 5 | October 24 – 25, 2013 |  |  |
| 6 | December 12 – 13, 2013 |  |  |

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

**Room Block #1**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Monday, February 25, 2013 | Single/Double Occupancy | 30 |  |
| Tuesday, February 26, 2013 | Check out | 0 |  |
|  |  | 30 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

**Room Block #2**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Thursday, April 25, 2013 | Single/Double Occupancy | 30 |  |
| Friday, April 26, 2013 | Check out | 0 |  |
|  |  | 30 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

**Room Block #3**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Tuesday, June 25, 2013 | Single/Double Occupancy | 10 |  |
| Wednesday, June 26, 2013 | Single/Double Occupancy | 39 |  |
| Thursday, June 27, 2013 | Single/Double Occupancy | 39 |  |
| Friday, June 28, 2013 | Check out | 0 |  |
|  |  | 88 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

**Room Block #4**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Tuesday, August 20, 2013 | Single/Double Occupancy | 10 |  |
| Wednesday, August 21, 2013 | Single/Double Occupancy | 25 |  |
| Thursday, August 22, 2013 | Single/Double Occupancy | 39 |  |
| Friday, August 23, 2013 | Check out | 0 |  |
|  |  | 74 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

**Room Block #5**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Thursday, October 24, 2013 | Single/Double Occupancy | 30 |  |
| Friday, October 25, 2013 | Check out | 0 |  |
|  |  | 30 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

**Room Block #6**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Thursday, December 12, 2013 | Single/Double Occupancy | 30 |  |
| Friday, December 13, 2013 | Check out | 0 |  |
|  |  | 30 |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | The hotel is not able to offer rooms on the above dates. |

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

|  |  |
| --- | --- |
| Yes |  |
| No |  |

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. |  |  |

1. 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: |  |  |  |