

**Attachment 5
 Submission Form for Technical Proposal
 (Room Block Only)
 Revision No. 1**

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

Spring – Room Block 1	Dates	Yes	No
Only Option <u>1</u>	March 11 – 15, 2013		
<u>Option 2</u>	March 4 – 8, 2013		

Summer – Room Block 2	Dates	Yes	No
Option 1	June 3 – 7, 2013		
Option 2	June 10 – 14, 2014		

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

Room Block #1 - Spring

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Monday, March 11, 2013 <u>Or</u> <u>Monday, March 4, 2013</u>	Single/Double Occupancy	78	
Tuesday, March 12, 2013 <u>Or</u> <u>Tuesday, March 5, 2013</u>	Single/Double Occupancy	78	
Wednesday, March 13, 2013 <u>Or</u> <u>Wednesday, March 6, 2013</u>	Single/Double Occupancy	78	
Thursday, March 14, 2013 <u>Or</u> <u>Thursday, March 7, 2013</u>	Single/Double Occupancy	78	
Friday, March 15, 2013 <u>Or</u> <u>Friday, March 8, 2013</u>	Check Out		
		312	

Propose the cut-off date for reservations: _____

	The hotel is not able to offer rooms on the above dates.
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Room Block #2 - Summer

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Monday, June 3, 2013 <u>Or</u> Monday, June 10, 2013	Single/Double Occupancy	78	
Tuesday, June 4, 2013 <u>Or</u> Tuesday, June 11, 2013	Single/Double Occupancy	78	
Wednesday, June 5, 2013 <u>Or</u> Wednesday, June 12, 2013	Single/Double Occupancy	78	
Thursday, June 6, 2013 <u>Or</u> Thursday, June 13, 2013	Single/Double Occupancy	78	
Friday, June 7, 2013 <u>Or</u> Friday, June 14, 2013	Check Out		
		312	

Propose the cut-off date for reservations: _____

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

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: _____