

**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	Confirm Number of Rooms able to provide
Monday, March 18, 2013	Single/Double Occupancy	46	
Tuesday, March 19, 2013	Single/Double Occupancy	46	
		92	

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

Yes	
No	

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: _____