**Attachment 5**

**Submission Form for**

**Technical & Cost Proposal**

**(Room Block)**

1. Proposer’s name, address, telephone and fax numbers, email and federal tax identification number.

|  |  |
| --- | --- |
| Firm (Legal Name): |  |
| Address: |  |
| Address Line 2: |  |
| City, State, Zip code |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Email Address: |  |
| Federal Tax ID Number: |  |
| Web Site: |  |
| Hotel Check-in and Check-out Time |  |
| Guest Room Reservation Cancellation Policy |  |

Please indicate which date(s) you are offering for the program

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| September 14 - 19, 2014 |  |  |
| November 2 – 7, 2014 |  |  |
| December 7 – 12, 2014 |  |  |
| January 11 – 16, 2015 |  |  |
| March 1 – 6, 2015 |  |  |
| April 19 – 24, 2015 |  |  |

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

**September 14 – 19, 2014**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | **Confirm number of rooms able to provide** | **Confirm daily room rate** (w/o taxes & surcharges) | **Confirm daily individual room rate w/ surcharges and/or tax** (only add lodging tax if your city/county does not accept the State occupancy tax waiver) |
| --- | --- | --- | --- | --- | --- |
| Sunday,  September  14, 2014 | Single Occupancy | 16 |  |  |  |
| Monday, September 15, 2014 | Single Occupancy | 16 |  |  |  |
| Tuesday, September 16, 2014 | Single Occupancy | 16 |  |  |  |
| Wednesday, September 17, 2014 | Single Occupancy | 16 |  |  |  |
| Thursday, September 18, 2014 | Single Occupancy | 16 |  |  |  |
| Friday, September 19, 2014 | Check-out |  |  |  |  |
|  |  | 80 |  |  |  |

**November 2 – 7, 2014**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | **Confirm number of rooms able to provide** | **Confirm daily room rate** (w/o taxes & surcharges) | **Confirm daily individual room rate w/ surcharges and/or tax** (only add lodging tax if your city/county does not accept the State occupancy tax waiver) |
| --- | --- | --- | --- | --- | --- |
| Sunday,  November 2, 2014 | Single Occupancy | 16 |  |  |  |
| Monday,  Nov 3, 2014 | Single Occupancy | 16 |  |  |  |
| Tuesday,  Nov 4, 2014 | Single Occupancy | 16 |  |  |  |
| Wednesday,  Nov 5, 2014 | Single Occupancy | 16 |  |  |  |
| Thursday,  Nov 6, 2014 | Single Occupancy | 16 |  |  |  |
| Friday, Nov 7, 2014 | Check-out |  |  |  |  |
|  |  | 80 |  |  |  |

**December 7 – 12, 2014**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | **Confirm number of rooms able to provide** | **Confirm daily room rate** (w/o taxes & surcharges) | **Confirm daily individual room rate w/ surcharges and/or tax** (only add lodging tax if your city/county does not accept the State occupancy tax waiver) |
| --- | --- | --- | --- | --- | --- |
| Sunday,  Dec 7, 2014 | Single Occupancy | 16 |  |  |  |
| Monday,  Dec 8, 2014 | Single Occupancy | 16 |  |  |  |
| Tuesday,  Dec 9, 2014 | Single Occupancy | 16 |  |  |  |
| Wednesday, Dec 10, 2014 | Single Occupancy | 16 |  |  |  |
| Thursday, Dec 11, 2014 | Single Occupancy | 16 |  |  |  |
| Friday,  Dec 12, 2014 | Check-out |  |  |  |  |
|  |  | 80 |  |  |  |

**January 11 – 16, 2015**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | **Confirm number of rooms able to provide** | **Confirm daily room rate** (w/o taxes & surcharges) | **Confirm daily individual room rate w/ surcharges and/or tax** (only add lodging tax if your city/county does not accept the State occupancy tax waiver) |
| --- | --- | --- | --- | --- | --- |
| Sunday,  Jan 11, 2015 | Single Occupancy | 16 |  |  |  |
| Monday,  Jan 12, 2015 | Single Occupancy | 16 |  |  |  |
| Tuesday,  Jan 13, 2015 | Single Occupancy | 16 |  |  |  |
| Wednesday, Jan 14, 2015 | Single Occupancy | 16 |  |  |  |
| Thursday,  Jan 15, 2015 | Single Occupancy | 16 |  |  |  |
| Friday,  Jan 16, 2015 | Check-out |  |  |  |  |
|  |  | 80 |  |  |  |

**March 1 - 6, 2015**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | **Confirm number of rooms able to provide** | **Confirm daily room rate** (w/o taxes & surcharges) | **Confirm daily individual room rate w/ surcharges and/or tax** (only add lodging tax if your city/county does not accept the State occupancy tax waiver) |
| --- | --- | --- | --- | --- | --- |
| Sunday,  March 1, 2015 | Single Occupancy | 16 |  |  |  |
| Monday,  March 2, 2015 | Single Occupancy | 16 |  |  |  |
| Tuesday,  March 3, 2015 | Single Occupancy | 16 |  |  |  |
| Wednesday, March 4, 2015 | Single Occupancy | 16 |  |  |  |
| Thursday,  March 5, 2015 | Single Occupancy | 16 |  |  |  |
| Friday,  March 6, 2015 | Check-out |  |  |  |  |
|  |  | 80 |  |  |  |

**April 19 – 24, 2015**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | **Confirm number of rooms able to provide** | **Confirm daily room rate** (w/o taxes & surcharges) | **Confirm daily individual room rate w/ surcharges and/or tax** (only add lodging tax if your city/county does not accept the State occupancy tax waiver) |
| --- | --- | --- | --- | --- | --- |
| Sunday,  April 19, 2015 | Single Occupancy | 16 |  |  |  |
| Monday,  April 20, 2015 | Single Occupancy | 16 |  |  |  |
| Tuesday,  April 21, 2015 | Single Occupancy | 16 |  |  |  |
| Wednesday, April 22, 2015 | Single Occupancy | 16 |  |  |  |
| Thursday,  April 23, 2015 | Single Occupancy | 16 |  |  |  |
| Friday,  April 24, 2015 | Check-out |  |  |  |  |
|  |  | 80 |  |  |  |

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

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

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

1. Check either “yes” or “no” beside each of the items listed below. If applicable, propose the rate(s) for tax and/or surcharge below:

| Item Number | Type | Yes | No | Percentage  Rate | Dollar Amount | Surcharge / Tax Name |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |  |
| b. | Occupancy Tax rate if applicable: |  |  |  | $ |  |
| c. | Tourism, State Tax or Surcharge: |  |  |  | $ |  |
| d. | Tourism, State Tax or Surcharge: |  |  |  | $ |  |

C. Propose Parking price schedule, number of parking passes, discounted passes and parking rate inclusive of any service charges, gratuity, and/or sales tax. Enter “n/a” for any items that are not applicable.

| Parking Rate | Number of Complimentary parking | Valet Parking Rate | Self Parking Rate | Oversize vehicles/SUV | In/Out Privileges |
| --- | --- | --- | --- | --- | --- |
| Complimentary parking |  |  |  |  |  |
| Discounted Parking Group Rate |  |  |  |  |  |
| Normal Hotel Parking Rate |  |  |  |  |  |

D: Propose High speed internet connection pricing.

* What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E: 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. | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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. |
|  |

**OFFER PERIOD**

A Proposer's proposal is an irrevocable offer for ninety (90) days following the proposal due date. In the event a final contract has not been awarded within this ninety (90) day period, the AOC reserves the right to negotiate extensions to this period.

**H. Signature (must be completed by proposer):**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_. | | | |
| By: |  |  |  |
|  | Signature |  | Print Name |
| Title: |  |  |  |