

**Attachment 6
Submission Form for
Price Proposal
(Full Service)**

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

Firm (Legal Name):	
--------------------	--

- B. Propose Meeting and Function Room Rates. Please note the maximum Meeting Room Rental as indicated on the RFP in Section 2.

Based Upon Percentage of Block	Inclusive Meeting Room Rental Rates
If the total sleeping rooms occupied equals 80-100% of the total sleeping rooms blocked.	Complimentary
If the total sleeping rooms occupied equals 70–79% of the total sleeping rooms blocked.	
If the total sleeping rooms occupied equals 60–69% of the total sleeping rooms blocked.	
If the total sleeping rooms occupied equals 59% or less of the total sleeping rooms blocked.	

- C. 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
a.	Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies)				
b.	Occupancy Tax rate:				
c.	Tourism, State Tax or Surcharge:				
d.	Tourism, State Tax or Surcharge:				

- D. Propose Sleeping Rooms schedule, including sleeping room unit rate(s), tax and/or surcharge, if applicable, extended price(s), and total. Propose schedule based upon the Allowable Unit Price(s) Reimbursable by the State, as indicated on the RFP in Section 2.

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Sleeping Room Unit Rate
Sunday, January	Single/Double	120	

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Sleeping Room Unit Rate
5, 2014	Occupancy		
Monday, January 6, 2014	Single/Double Occupancy	120	
Tuesday, January 7, 2014	Single/ Double Occupancy	120	
Wednesday, January 8, 2014	Single/Double Occupancy	120	
Thursday, January 9, 2014	Single/ Double Occupancy	120	
		600	

E. 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. Propose schedule based upon the Program’s dates as set forth in Section II, of RFP

	Estimated Number of Parking Passes	Parking Rate
Complimentary Parking Passes		
Discounted Parking Rate		
Normal Parking Rate		

F. Propose High speed internet connection pricing.

What are the daily charges for computer connection for individual guests? _____

G. Signature (must be completed by proposer):

SIGNED this _____ day of _____, 20_____.

By: _____
Signature _____ Print Name _____

Title: _____