**Attachment 5**

**Submission Form for**

**Technical Proposal**

**(Full Service)**

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: |  |

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

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| July 25 – August 8, 2013 |  |  |
| August 1 – 15, 2013 |  |  |

1. Estimated Meeting and Function Room Block:

 Propose Meeting and Function Rooms schedule, including the date, time, and a description of the set is detailed below. Please add the Function room name, square footage, noting dimensions, any odd shapes, angles, pillars and other salient characteristics). Enter “n/a” for any items that are not applicable.

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name****Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Dates 1-15** |
| 24 hour hold | Staff Office/Storage | Conference | 5 |  |
| **Dates 3-15** |
| 24 hour hold | AV Storage | Empty Room | 2 |  |
| **Dates 3-8 & 11-15** |
| 8:00am – 24 hour hold | Faculty Room | Hollow Square | 16 |  |
| 24 hour hold | General Session  | 10 Conference Pods of 9Head table for 3 on Stage | 90 |  |
| **Date ~~3 4~~** |
| 6:30am – 2:00pm | Registration  | Registration  | flow |  |
| **~~Dates 3-8 & 11-15~~** |
| ~~24 hour hold~~ | ~~Faculty Office~~ | ~~Hollow Square~~ | ~~16~~ |  |
| ~~24 hour hold~~ | ~~General Session~~  | ~~9 Conference Pods of 9~~~~Head table for 3 on Stage~~ | ~~81~~ |  |
| **Dates 3-7 & 11-14** |
| 6am – 24 hour hold | Breakout #1 | Crescent Rounds | 45 |  |
| 6am – 24 hour hold | Breakout #2 | Crescent Rounds | 30 |  |
| 6am – 24 hour hold | Breakout #3 | Crescent Rounds | 15 |  |
| 6am – 24 hour hold | Breakout #4 | Crescent Rounds | 15 |  |
| 6am – 24 hour hold | Breakout #5 | Conference | 9 |  |
| 6am – 24 hour hold | Breakout #6 | Conference | 9 |  |
| 6am – 24 hour hold | Breakout #7 | Conference | 9 |  |
| 6am – 24 hour hold | Breakout #8 | Conference | 9 |  |
| 6am – 24 hour hold | Breakout #9 | Conference | 9 |  |
| 6am – 24 hour hold | Breakout #10 | Conference | 9 |  |
| **Dates 13** |
| 6am – 24 hour hold | Computer Lab | Classroom 2 per 6’ | 20 |  |

 ***\*\*Please include meeting room capacity chart and floor plan with this proposal for the Program.***

Are Meeting and Function Rooms compliant with American Disabilities Act (ADA)?

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

Can the Program use its own audio-visual equipment and labor at no additional charge?

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

 Please include an audio-visual price list sheet with this proposal for the Program.

1. 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 |
| --- | --- | --- | --- |
| Dates 3 | Single/Double Occupancy | 95 |  |
| Dates 4 | Single/Double Occupancy | 95 |  |
| Dates 5 | Single/Double Occupancy | 95 |  |
| Dates 5 | Single/Double Occupancy | 95 |  |
| Dates 6 | Single/Double Occupancy | 95 |  |
| Dates 7 | Single/Double Occupancy | 95 |  |
| Dates 8 | Single/Double Occupancy | 5 |  |
| Dates 9 | Single/Double Occupancy | 5 |  |
| Dates 10 | Single/Double Occupancy | 5 |  |
| Dates 11 | Single/Double Occupancy | 100 |  |
| Dates 12 | Single/Double Occupancy | 100 |  |
| Dates 13 | Single/Double Occupancy | 100 |  |
| Dates 14 | Single/Double Occupancy | 100 |  |
|  |  | 890 |  |

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

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

1. Propose the cut-off date for reservations (weeks out): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Check in time: \_\_\_\_\_\_\_\_\_\_
3. Check out time: \_\_\_\_\_\_\_\_\_\_
4. Cancellation (24 hours): \_\_\_\_\_\_\_\_\_\_\_\_
5. Propose Food and Beverage schedule, including specific menus provided for the unit price indicated on the Form for Submission of Cost Pricing.

| Type of Group Meal | Days | Food and Beverage detailed Menu Samples Variety Options |
| --- | --- | --- |
| Breakfast Buffet  | Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14, Date 15 |  |
| AM Breaks | Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14, Date 15 |  |
| Lunch Buffet or Plated | Date 4, Date 5, Date 6, Date 7, Date 8, Date 12, Date 13, Date 14 |  |
| PM Breaks | Date 4, Date 5, Date 6, Date 7, Date 11, Date 12, Date 13, Date 14 |  |
| Dinner Boxed | Date 5 |  |
| Dinner Plated or Buffet | Date 12, Date 14 |  |

 Are you able to provide Kosher Meals at the same price as the group rate?

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

 If No, What is the cost of Kosher Meals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please indicate where your Kosher Meals come from:

|  |
| --- |
|  |
|  |

1. Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1. | Complimentary Registration area telephone |  |  |
| 2. | (7) Complimentary easels |  |  |
| 3. | Complimentary Wired Internet for Registration and Staff Office for 5 computers |  |  |
| 4. | Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff |  |  |
| 5. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 6. | Complimentary parking spaces for staff. |  |  |

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: |  |  |  |