

**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, Zip Code	
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
Day 1	Single/Double Occupancy	50	
Day 2	Single/Double Occupancy	50	
Day 3	Single/Double Occupancy	50	
Day 4	Single/ Double Occupancy	50	
		200	

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.	2 Complimentary parking for duration of stay.		

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: _____