Attachment 5

RFP Title: TCPJAC and CEAC/COCE Statewide Business Meetings

RFP Number: CRS TD 034

## 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	Estimated Number	Confirm Number of
	Sleeping Room	of Sleeping	Rooms able to
		Rooms	provide
Wednesday,	Single/Double	20	
January 23, 2013	Occupancy		
Thursday,	Single/Double	105	
January 24, 2013	Occupancy		
Friday,	Single/ Double	Check Out	
January 25, 2012	Occupancy		
		125	

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

Yes	
No	

$\sim$	Propose the cut-off date for reservations:
	Uronogo the cut off data for recorrections:
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## 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. Signa	ature ( <u>mus</u>	st be completed b	y proposer):		
		SIGNED this	day of	, 20	·
	By: _	Signa			Print Name
	Title	Signa	uuic		I IIII Ivanic