Attachment 5

RFP Name: Labor Relations Academy I / II - Sacramento

RFP Number: CRS TD 038

## 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.

		Estimated	Confirm
	Type of	Number of	Number of
	Sleeping	Sleeping	Rooms able
Date	Room	Rooms	to provide
Monday, Aptil	Single/	10	
15, 2013	Double		
	Occupancy		
Tuesday, April	Single/	40	
16, 2013	Double		
	Occupancy		
Wednesday,	Single/	20	
April 17, 2013	Double		
	Occupancy		
Thursday, April	Single/	40	
18, 2013	Double		
	Occupancy		
		110	

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Are	Sleeping	g rooms	compliant	with Ar	nerican I	Disabilities	Act (	ADA	1)

105		
No		
110		

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.	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. Signature (<u>must be completed by proposer</u>):

	SIGNED this day of	, 20
By:		
_	Signature	Print Name
itle.		