

**Attachment 6
Submission Form for
Price Proposal
(Room Block Only)**

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

Firm (Legal Name):	
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- B. 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:				

- C. 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
Monday, April 15, 2013	Single/Double Occupancy	10	
Tuesday, April 16, 2013	Single/Double Occupancy	40	
Wednesday, April 17, 2013	Single/ Double Occupancy	20	
Thursday, April 18, 2013	Single/ Double Occupancy	40	
		110	

- D. 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

