**Attachment 5**

**Submission Form for**

**Technical Proposal**

**(Room Block Only)**

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: |  |

1. Please indicate which dates you are offering for the program:

|  |  |
| --- | --- |
| **Dates:**  |  |
| Preferred: January 26 – 28, 2014  |  |
| Option #2: January 27 – 29, 2014 |  |
| Option #3: January 21 – 23, 2014 |  |

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable.

**Preferred Dates:**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| SundayJanuary 26, 2014 | Single Occupancy | 50 |  |
| MondayJanuary 27, 2014 | Single Occupancy | 50 |  |
| TuesdayJanuary 28, 2014 | Check-out  | 0 |  |
|  |  | 100 |  |

**Option #2:**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Monday January 27, 2014 | Single Occupancy | 50 |  |
| TuesdayJanuary 28, 2014 | Single Occupancy | 50 |  |
| WednesdayJanuary 29, 2014 | Check-out  | 0 |  |
|  |  | 100 |  |

**Option #3:**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| Tuesday January 21, 2014 | Single Occupancy | 50 |  |
| WednesdayJanuary 22, 2014 | Single Occupancy | 50 |  |
| Thursday January 23, 2014 | Check-out  | 0 |  |
|  |  | 100 |  |

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

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

1. Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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. |  |  |
| 2. | Complimentary or reduced parking rate  |  |  |
| 3. | Group rate 2 days pre/post  |  |  |

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. |
|  |

**F. Signature (must be completed by proposer):**

|  |
| --- |
| Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_. |
| By: |  |  |  |
|  | Signature |  | Print Name |
| Title: |  |  |  |