**Attachment 6**

**Submission Form for**

**Price Proposal**

**(Full Service)**

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

|  |  |
| --- | --- |
| Firm (Legal Name): |  |

1. Propose Meeting and Function Room Rates. Check **one** of the following items.

(A) Proposer can offer complimentary meeting space.

(B) Proposer can offer meeting space at the following rate:

1. Propose sleeping room tax and surcharge rate(s) below. Enter each individual tax or surcharge on a separate line:

| Item Number | Specify Name of all Taxes and/or Surcharges.  List each tax or surcharge on a separate line. | Percentage  Rate | Dollar Amount |
| --- | --- | --- | --- |
| a. | Occupancy Tax |  |  |
| b. |  |  |  |
| c. |  |  |  |
| d. |  |  |  |
| e. |  |  |  |
| f. | Property accepts hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) | Yes | No |
|  |  |

1. 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 |
| --- | --- | --- | --- |
| Sunday,  September 9 | Single/Double Occupancy | 90 |  |
| Monday,  September 10 | Single/Double Occupancy | 90 |  |
| Tuesday,  September 11 | Single/Double Occupancy | 90 |  |
| Wednesday,  September 12 | Single/Double Occupancy | 70 |  |
| Thursday,  September 13 | Single/ Double Occupancy | 70 |  |
|  |  | 410 |  |

E. 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

|  | Valet Parking | Self Parking |
| --- | --- | --- |
| Standard Parking Rate |  |  |
| Proposed Parking Rate |  |  |

F. Propose High speed internet connection pricing.

What are the daily internet charges for guests in sleeping rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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