**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: |  |
| Web Site:  |  |
| Hotel Check-in and Check-out time  |  |
| Guest room reservation cancellation policy  |  |

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

**This is a 2 week room block**

**WEEK 1**

| **Week #1** Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm Number of Rooms able to provide |
| --- | --- | --- | --- |
| SundayMarch 9, 2014 | SingleOccupancy | 7 |  |
| MondayMarch 10, 2014 | SingleOccupancy | 72 |  |
| TuesdayMarch 11, 2014 | SingleOccupancy | 72 |  |
| WednesdayMarch 12, 2014 | SingleOccupancy | 72 |  |
| ThursdayMarch 13, 2014 | SingleOccupancy | 72 |  |
| FridayMarch 14, 2014 | Check-out  | 0 |  |
|  |  | 295 |  |

**WEEK #2**

| **Week #2** Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | **Confirm Number of Rooms able to provide** |
| --- | --- | --- | --- |
| SundayApril 6, 2014 | SingleOccupancy | 7 |  |
| MondayApril 7, 2014 | SingleOccupancy | 72 |  |
| TuesdayApril 8, 2014 | SingleOccupancy | 72 |  |
| WednesdayApril 9, 2014 | SingleOccupancy | 72 |  |
| ThursdayApril 10, 2014 | SingleOccupancy | 72 |  |
| FridayApril 11, 2014 | Check-out  | 0 |  |
|  |  | 295 |  |

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

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

1. Propose the cut-off date for reservations for **week#1:**

Propose the cut-off date for reservations for **week#2:**

1. 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 breakfast – please indicate breakfast location, continental or hot American breakfast?  |  |  |
| 3.  | Group rate available 2 days pre/post room block  |  |  |
| 4. | Complimentary parking  |  |  |

Complimentary shuttle service to/from hotel & meeting location available?

Based on availability or reservations?

Number of shuttles available?

# of passengers per shuttle?

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: |  |  |  |