Attachment 5

RFP Title: Criminal Assignment Courses

RFP Number: CRS SP 041

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

November 11-15, 2013	
November 3-7, 2013	

C. Propose Sleeping Room schedule. Enter "n/a" for any items that are not applicable.

C. Tropose	zioping recom se	Estimated	Requested	Confirm	Confirm
	Type of	Number of	Upgrades at	Number of	Number of
	Sleeping	Sleeping	Group Rate	Rooms able	Upgrades able
Date	Room	Rooms		to provide	to provide
November 11	Single/Doubl	50			
or November 3	e Occupancy				
November 12	Single/Doubl	50	0		
or November 4	e Occupancy				
November 13	Single/	65	0		

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Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Requested Upgrades at Group Rate	Confirm Number of Rooms able to provide	Confirm Number of Upgrades able to provide
or November 5	Double				
	Occupancy				
November 14	Single/	65	0		
or November 6	Double				
	Occupancy				
		230			

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

Yes	
No	

- D. Propose the cut-off date for reservations:\_\_\_\_\_
- E. 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.		

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