

**Attachment 6
Submission Form for
Cost 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.	Tax rate:				
c.	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
Wednesday, February 1	Single/Double Occupancy	15	
Thursday, February 2	Single/Double Occupancy	95	
		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

	Estimated Number of Parking Passes	Parking Rate
Complimentary Parking Passes		
Discounted Parking Rate		
Normal Parking Rate		

E. Propose High speed internet connection pricing.

What are the daily charges for computer connection for individual guests? _____

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

SIGNED this _____ day of _____, 20_____.

By: _____
Signature _____ Print Name _____

Title: _____