

**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:	
Web Site:	
Federal Tax ID Number:	

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

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Confirm Number of Rooms able to provide
Wednesday, August 22	Single/Double Occupancy	15	
Thursday, August 23	Single/Double Occupancy	100	
Friday, August 25	Check-Out	0	
		115	

