

**Attachment 6  
Submission Form for  
Cost Proposal**

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

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

- B. Propose Meeting and Function Room Rates. Rates should be inclusive of all service charges and tax.

<b>Inclusive Meeting Room Rental Rates</b>

- C. Propose Termination Fee and corresponding Effective Deadline Date.

Item Number	Termination	Effective Deadline Date	Inclusive Termination Fees
a.	Effective on or before:		
b.	Effective on or before:		
c.	Effective on or before:		
d.	Effective on or after:		

- D. Propose Food and Beverage schedule, including food and beverage rate(s) inclusive of any service charges, gratuity, and/or sales tax. Propose schedule based upon the Allowable Maximum Unit Price(s) Reimbursable by the State, set forth in on the RFP in Section 2.

Type of Group Meal	Estimated Number of Meals	Inclusive Price per person
<b>Date 2</b>		
Continental Breakfast	320	
Lunch	320	
PM Break	320	

