



STATE OF MISSISSIPPI

PROPOSAL FORMAT AND GUIDELINES

Hotel/Motel Services

DEPARTMENT OF FINANCE AND ADMINISTRATION
OFFICE OF PURCHASING AND TRAVEL
701 WOOLFOLK BUILDING, SUITE A
501 NORTH WEST STREET
JACKSON, MISSISSIPPI 39201

STATE OF MISSISSIPPI
PROPOSAL FORMAT AND GUIDELINES
HOTEL/MOTEL SERVICES
RFx: 3130000661

Vendors interested in entering into or renewing a nonexclusive, negotiated contract for in-state hotel/motel services with a rate at or below GSA pricing with the State of Mississippi should submit a proposal which must include all information requested in this Proposal Format and Guidelines. It is the responsibility of the vendors to verify that all of the requirements for submitting the proposal have been fulfilled.

I. Proposal Letter

Submit a signed letter from an authorized representative of the company indicating the firm's interest in entering into or renewing a state contract for the services being proposed. This letter should include company name, location address, mailing address, telephone number, fax number, email address, website address, (if applicable) and name of authorized representative submitting proposal. By signing this letter, the vendor is certifying that neither the vendor nor any potential subcontractors are debarred or suspended or are otherwise excluded from or ineligible for participation in Federal assistance programs.

II. Lodging Rate Proposal Form

Vendors are required to complete the attached Lodging Rate Proposal form for each property to be included on state contract. **Each of these forms should be provided in a pdf document uploaded electronically to the MAGIC system. No costs or expenses associated with providing this information in the required format shall be charged to the State of Mississippi.** This Lodging Rate Proposal form must be completed in its entirety and shall be signed by an authorized representative of the property submitting the proposal.

If your company is listed on a GSA contract, a copy of your current price list must be submitted. Discounts shall be competitive when compared to prices and discounts received by the GSA, other state governments, and large volume commercial customers.

Information to be submitted shall include the following:

- A. Hotel Name
- B. Hotel Address
- C. Onsite Phone
- D. Onsite Fax
- E. Onsite Email
- F. Onsite Website
- G. Daily Base Room Rate (do not include tax)
- H. Confirmation that Desk Clerks have been informed of rates
- I. Sleeping Room Door Entrances (inside/outside)
- J. Confirmation that rates will be available Sunday – Thursday

- K. Indication of whether rates will be available to city/county workers, community college employees, and cost reimbursable contractors on official state business
- L. Payment Options
- M. Indication of whether direct billing is available
- N. Check-in / Check-out time
- O. Cancellation Policy
- P. Contact Information

III. Terms and Conditions

By submitting a proposal, the firm is indicating an understanding of and agreement with the following terms and conditions:

- A. State employees are required to pay all applicable taxes when payment is made using a personal method of payment.
- B. **Occupancy/lodging charges are tax exempt only when the State's Travel Card, a black Visa card by UMB Bank is used or prior arrangements have been made to "direct bill" the room charges to a State department, board, commission or institution.**
- C. The rates bid will be applicable for a STANDARD SINGLE and a STANDARD DOUBLE room. **Whenever a standard single or standard double room is available for the general public, the State contract rate shall be honored.** The State will only contract for "standard" category of rooms.
- D. The hotel/motel **must** track sales for the contract period, indicating each state agency and governmental entity to which sales have been made. The hotel/motel may decide how to do this as we recognize that each system may vary.
- E. The contract rate will apply for check-in on Sunday and check-out on Friday, or any days in between when the employee identifies him/herself as a state or government employee at, or prior to, check-in and the reservation is confirmed. The hotel/motel may choose to require identification at check-in.
- F. Contract rates do not apply to group meetings such as conferences, workshops, board meetings, etc.
- G. Any state government employee requesting a state contract room rate, when such is not available, **MUST** be so advised at the time and quoted the best available rate. It shall also be noted on the lodging receipt that no state contract rate room was available at the time of check-in.
- H. The receipt to the employee shall show the base rate before taxes are added, and then include the tax and total to ensure the employees are receiving the state contract rate.
- I. Refusal to honor contract rates may result in the facility being removed from the contract list.

IV. Acceptable Rates

Contracts will be awarded to all in-state providers that submit proposals that are in compliance with this format and are proposing rates that are considered to be competitive. Acceptable base rates are as follows, the lodging rate proposal form asks for base rate. Taxes may be added to the receipt at the time of check-out. Any proposal which includes base rates which exceed the following will be rejected:

City	County	Base Rate (Before Taxes)
Oxford	Lafayette	\$ 114
Southaven	Desoto	\$ 108
Starkville	Oktibbeha	\$ 100
All other areas:		\$ 93

V. Length of Price Guarantee

Pricing shall be firm for a 12 month period. Price increases are not allowed during the term of the contract.

VI. Payment Terms and Invoices

MS Code Section 31-7-305(3) allows a state entity to pay invoices within 45 days without penalty.

The State requires the Contractor to submit invoices electronically throughout the term of the agreement. Vendor invoices shall be submitted to the state agency using the processes and procedures identified by the State of Mississippi. Payments by state agencies shall be made and remittance information provided electronically as directed by the State of Mississippi. These payments shall be deposited into the bank account of the Contractor's choice. Contractor understands and agrees that the State of Mississippi is exempt from the payment of taxes. All payments shall be in United States currency.

MS Code 31-7-9 prohibits vendors imposing a surcharge when a buyer uses a state-issued credit card. Additionally, no service fees should be charged for **any** accepted payment method used under this contract.

VII. Vendor Registration

Please note: It shall be the responsibility of each manufacturer to ensure that your profile is current in our e-procurement system. Current information such as e-mail addresses, contact person(s), phone number(s), etc., must be updated whenever there are any changes to your profile. The website to update your profile or register as a vendor with the State of Mississippi is: <http://www.dfa.ms.gov/dfa-offices/mmrs/mmrs-applications/magic/>.

VIII. Minority Vendor Status

Vendors should indicate if they are considered as a Minority Vendor. Minority vendor means a business concern that (1) is at least 51% minority-owned by one or more individuals, or minority business enterprises that are both socially and economically disadvantaged, and (2) have its management and daily business controlled by one or more such individuals as ascribed under the Minority Business Enterprise Act 57-69 and the Small Business Act 15 USCS, Section 637(a). **MINORITY** as used in this provision means a person who is a citizen or lawful permanent resident of the United States and who is: Black Americans - racial groups of Africa; Hispanic Americans - of Mexican, Puerto Rican, Cuban, Central/South America, Spanish or Portuguese culture or origin; Native Americans - origin in any of the original peoples of North America; Asian Pacific Americans - origins of the Far East, Southeast Asia, the Indian subcontinent; Women.

Vendors should put a "MV" beside their name and/or any of the authorized distributors listed who qualifies under this section.

IX. Purchase Summary

A purchase summary is requested for contract renewals only. **This purchase summary must indicate each state agency or other governmental entity to which sales have been made, the location of each, the date of the sale, and the total dollar sales generated during the current contract period in Excel spreadsheet format. This information must be combined on one Excel spreadsheet with a grand total.**

X. Award/Renewal of Contract

New contracts will be awarded or current contracts renewed to all vendors that submit proposals that comply with this format and are proposing competitive prices at or below GSA pricing. Any requested information not submitted may cause proposal request to be denied.

If you currently have a State Contract and your renewal information is not received by the required submission date, the contract will expire and you will be denied a new contract for a period of two years.

XI. E-Verify Compliance

If applicable, Contractor/Seller represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act of 2008, and will register and participate in the status verification for all newly hired employees. Miss. Code Ann. §§ 71-11-1 *et seq.* (1972, as amended). The term “employee” as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, “status verification system” means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program, or any other successor electronic verification system replacing the E-Verify Program. Contractor/Seller agrees to maintain records of such compliance. Upon request of the State, and after approval of the Social Security Administration or Department of Homeland Security when required, Vendor agrees to provide a copy of each such verification. Contractor/Seller further represents and warrants that any person assigned to perform services hereafter meets the employment eligibility requirements of all immigration laws. The breach of this agreement may subject Contractor/Seller to the following: (1) termination of this Agreement and ineligibility for any state or public contract in Mississippi for up to three (3) years with notice of such cancellation/termination being made public; (2) the loss of any license, permit, certification or other document granted to Contractor/Seller by an agency, department or governmental entity for the right to do business in Mississippi for up to one (1) year; or (3) both. In the event of such termination/cancellation, Contractor/Seller would also be liable for any additional costs incurred by the State due to contract cancellation or loss of license or permit to do business in the State.

XII. Proposal Deadline

The contracts for hotel/motel services are effective **October 1 through September 30**; therefore, proposals for contract must be submitted to the Office of Purchasing and Travel between the dates of proposal release, through September 30, 2018. **Any proposal received after September 17, 2018, will not be considered.**

If you have any questions concerning this Proposal Format and Guidelines, please contact:

Candice Hay, State of Mississippi-Travel Coordinator

Office of Purchasing, Travel and Fleet Management

701 Woolfolk Building, Suite A

501 North West Street

Jackson, MS

Email: Candice.Hay@dfa.ms.gov

Phone: (601)359-3409

REQUIRED INFORMATION

NOTE: Respondents are required to initial the boxes below to insure all information has been read, understood and all pertinent information **and uploaded in MAGIC**. This page should also be submitted with the proposal required information.

Initial box indicating the Proposal Format and Guidelines have been read and understood.

Initial box indicating a signed Proposal Letter is enclosed and uploaded in MAGIC.

Initial box indicating payment terms have been read and understood.

Initial box indicating taxes will not be charged when payment is made using the State's Travel Card, a black Visa card by UMB Bank, or when prior arrangements have been made to "direct bill" the room charges to a State department, board, commission or institution.

Initial box indicating a copy of the Lodging Rate Proposal form and a copy of your GSA pricing (if applicable) is uploaded in MAGIC.

Initial box indicating your purchase summary is uploaded in MAGIC (for renewals only). This purchase summary must indicate each state agency and governmental entity to which sales have been made, the location of each, **the date of the sale**, and the total dollar sales **generated during the current contract period with the grand total** in Excel spreadsheet format.

Initial box indicating minority vendor status has been indicated.

State of Mississippi – Office of Purchasing and Travel
 2018 – 2019 Lodging Rate Proposal
 (Please print legibly or type)

Hotel Name:		
Hotel Information:	MAGIC Supplier Number:	
	Mailing Address:	
	City:	Zip:
	County:	
Onsite Hotel Phone and Fax:	Onsite Hotel Phone:	
	Onsite Hotel Fax:	
Onsite Hotel Email and Website:	Email:	
	Website:	
Daily Base Room Rate (Do not include tax):	\$ _____ Single	\$ _____ Double
In addition to Daily Rates, please list base rates for weekly and monthly if available (Do not include tax) :	\$ _____ Weekly	\$ _____ Monthly
Have desk clerks and other personnel been informed of the agreed upon rates and policies?	_____ Yes	_____ No
Sleeping Room Door Entrances:	_____ Inside	_____ Outside
Minority Vendor Status:	_____ Yes	_____ No

<u>Rates will be needed Sunday – Thursday.</u> If you will also honor the rates for Friday and Saturday for official state business, please check the line indicating so:	<input type="checkbox"/> Yes, rates are available Sunday – Thursday. <input type="checkbox"/> Yes, rates are available Friday – Saturday. <input type="checkbox"/> No, rates are not available Friday – Saturday	
Rates available to city/county workers, community college employees, school districts and cost reimbursable contractors on official state business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment options:	<input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> Diner's Club <input type="checkbox"/> American Express <input type="checkbox"/> Personal Check <input type="checkbox"/> Other	
	<p style="color: red;">*Please note that the State of MS Visa Travel Card is sales tax exempt within the state of Mississippi. All other fees may be applied.</p>	
Is direct billing available? Note: Individual agencies will be responsible for arrangements.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<p style="color: red;">*Please note that direct bill is sales tax exempt within the state of MS. All other fees may be applied.</p>	
Check-in/check-out times:	<input type="checkbox"/> Check-in <input type="checkbox"/> Check-out	
Cancellation Policy:	<hr/> <hr/>	
Contract Onsite Contact Information for Questions, Disputes, etc.	Contact Name/Position:	Contact Phone:

Print Authorized Name: _____

Authorized Signature: _____

Note: By signing the above, you are indicating your rates will be effective according to the guidelines as set forth in the Proposal Format and Guidelines and Check List Form for Hotel and Motel Services for the period of October 1, 2018, through September 30, 2019. No rate changes will be acceptable during this contract period unless the Federal Register publishes a rate change. In addition, you are indicating that rates will be made available to desk clerks for state employees who request “state rate” to be given these rates.