

Application for Inclusion on the State Of Michigan 2019 Hotel Accommodations Listings for State Government Travel

Purpose

The State of Michigan publishes a list of lodging facilities for our travelers from hotel properties and/or Property Management Companies (PMC).

Properties offering lodging rates at or below the State Lodging Rate of \$85.00 per night plus tax will be listed with their reservation phone numbers and website information on the State of Michigan DTMB, Services & Facilities, Travel website at www.michigan.gov/dtmb. This listing will be shared with all departments and travelers via e-mail distribution web access and provided to the contracted travel agency Conlin Travel.

State policy requires all lodging exceeding the State Lodging Rate of \$85.00 to be booked through the contracted travel agency.

The State of Michigan hotel program currently seeks to accommodate travelers in two or three star/crown/diamond rated hotels or equally appointed properties.

Indemnification

Hotel properties or PMC shall indemnify, defend and hold harmless Conlin Travel the State of Michigan, their departments, divisions, agencies, sections, commissions, officers, employees and agents from and against all losses, liabilities, penalties, fines, damages and claims (including taxes), and all related costs and expenses (including reasonable attorneys' fees and disbursements and costs of investigation, litigation, settlement, judgments, interest and penalties).

In any and all claims against Conlin Travel, the State of Michigan, their employees and agents by any employee of the hotel, PMC or any franchisee the indemnification obligation under the agreement shall not be limited in any way by the amount or type of damages, compensation or benefits payable by or for the hotel, PMC or any franchisee under worker's disability compensation acts, or other employee benefits acts. This indemnification clause is intended to be comprehensive.

Controls and Standards

- 1) Accommodations Type - Base pricing will be based upon single accommodations.
- 2) Disability Compliance - Properties shall be in compliance with the Americans with Disabilities Act (ADA) guidelines and will maintain this compliance throughout the term of the appointment.
- 3) Fire Code Compliance - Properties shall be in compliance with all State of Michigan Fire Safety Code regulations and will maintain this compliance throughout the term of the appointment. All properties should be registered with FEMA the Federal Emergency Management Agency for Hotel/Motel fire safety. Their website is <http://www.usfa.fema.gov/applications/hotel/>.
- 4) Property Upkeep - Appointed hotels shall maintain their properties to the standards at the time of this application. This application should include information of property age and the date that the most recent renovations were completed.
- 5) Direct Billing - Nearly all State of Michigan travelers will charge accommodations to their personal credit cards on behalf of the State. However, there may be occasions where a guest does not have an accepted credit card (this has occurred on approximately 2% of all stays requested). Direct Billing is set up with the property by the Department requesting the direct bill. Please indicate whether this is an option for the departments to utilize.
- 6) Payments - Each state government guest will make payment at the conclusion of their stay. At this time, State of Michigan travelers charge accommodations to their personal credit cards on behalf of the State.

REQUIRED INFORMATION FROM APPLICANT

There should be no additional attachments, enclosures, or exhibits other than considered by the property to be essential to a complete understanding of the application submitted. Information not clearly defined will be considered "not applicable" to the rating of this application:

Property Name _____ Address _____
 City _____ State _____ Zip _____ Reservation Phone # _____
 Property Manager or Authorized Expediter _____
 E-mail Address _____
 Phone # _____ Reservation Web Link _____

Group Sales Contact Information:

Does property comply with the Americans with Disabilities Act guidelines? Yes No
 Does property comply with FEMA (Federal Emergency Management Agency) Fire Code? Yes No

rooms # non-smoking rooms # handicapped accessible rooms

Room Type	Season	Rack Rate	State Govt Rate

Blackout Date(s): _____

Please identify any Amenities you would like listed and any additional costs:

Occupancy percentage for assured rate: Yes last room or other %

What is hotel's cancellation policy for reservation that has been guaranteed for late arrival:
 4 PM 6PM 24 Hours Other

Do you charge for checking out early? Yes No

Diamond Rating 1 2 3 4 5 Not Rated
 Star Rating 1 2 3 4 5 Not Rated

Year property was built Date of Last Renovation

Please check all others that would apply:

Interior room entrance
 Direct billing available

Oversold policy

Does your policy include the following:

Yes No Property will arrange accommodations at a comparable hotel
 Yes No Property will pay for one night room and tax at a comparable hotel

- Yes No Traveler will be provided with free transportation to new hotel
 Yes No Traveler will be reimbursed for at least one phone call to home or office

Extension of Rates to Non-Employees

The hotel property may select to extend the rates quoted on these worksheets in any combination as described below. This will **not** affect the evaluation of application. All conditions listed in the proposal will apply.

State negotiated Rates are available to:

Personal Use or/ Retired State Employees Yes No

State employed contractors and/or consultants Yes No If yes, form of identification required:

Authorization

As the contents of this application will form the basis for obligations under an appointment, the application cannot be accepted unless it is properly authorized below.

“I herein certify that I am the person responsible within my organization for the decision as to the prices being offered, or that I have been authorized to act as an agent for the persons responsible within my organization for such a decision. Further, I certify acceptance on behalf of my organization that the contents of the application and the enclosed proposal response will become contractual obligations, if an appointment is made.”

Name of Authorized Representative _____

Title _____

Phone _____

SAVE A COPY OF FORM AND EMAIL COPY TO whitingr1@michigan.gov or you can fax it to (517) 636-6747