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

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Season</th>
<th>Rack Rate</th>
<th>State Govt Rate</th>
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<tbody>
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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
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