**Attachment 6**

**Submission Form for**

**Price Proposal**

**(Full Service)**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| B. Please indicate which date(s) you are offering for the program:Preference | **Date** | **Yes** | **No** |
| Preferred Dates (Date 1- 4) | September 30 – October 3, 2014 |  |  |
| Choice 2 (Date 1- 4) | September 16-19, 2014 |  |  |
| Choice 3 (Date 1- 4) | September 2-5, 2014 |  |  |

1. Propose Meeting and Function Room Rates. Please note the maximum Meeting Room Rental as indicated on the RFP in Section 2.

| Based Upon Percentage of Block | Inclusive Meeting Room Rental Rates |
| --- | --- |
| If the total sleeping rooms occupied equals 80-100% of the total sleeping rooms blocked. | Complimentary |
| If the total sleeping rooms occupied equals 70–79% of the total sleeping rooms blocked. |  |
| If the total sleeping rooms occupied equals 60–69% of the total sleeping rooms blocked. |  |
| If the total sleeping rooms occupied equals 59% or less of the total sleeping rooms blocked. |  |

1. Propose Termination Fee and corresponding Effective Deadline Date. Please note the maximum Termination Fee as indicated on the RFP in Section 2:

| 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: |  |  |

1. Check either “yes” or “no” beside each of the items listed below. If applicable, propose the rate(s) for tax and/or surcharge below:

| Item Number | Type | Yes | No | PercentageRate | Dollar Amount |
| --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |
| b. | Occupancy Tax rate: |  |  |  |  |
| c. | Tourism, State Tax or Surcharge: |  |  |  |  |
| d. | Tourism, State Tax or Surcharge: |  |  |  |  |

1. Propose Sleeping Rooms schedule, including sleeping room unit rate(s), tax and/or surcharge, if applicable, extended price(s), and total. Propose schedule based upon the Allowable Unit Price(s) Reimbursable by the State, as indicated on the RFP in Section 2.

ROOM BLOCK DATE CLARIFICATION

| Date | Proposed Dates | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Sleeping Room Unit Rate |
| --- | --- | --- | --- | --- |
| Date 0 (night before program start) |  | Single/Double Occupancy | 15 |  |
| Date 1 |  | Single/Double Occupancy | 150 |  |
| Date 2 |  | Single/Double Occupancy | 250 |  |
| Date 3 |  | Single/Double Occupancy | 200 |  |
| Date 4 |  | Check out | Check out |  |
|  |  |  | 615 |  |

1. 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 |
| --- | --- | --- |
| **Date 1** |
| Breakfast | 30 |  |
| Lunch | 30 |  |
| PM Break | 15 |  |
| **Date 2** |
| Breakfast Buffet | 200 |  |
| AM Break | 200 |  |
| Lunch | 200 |  |
| PM Break | 200 |  |
| **Date 3** |
| Breakfast Buffet  | 300 |  |
| AM Break | 300 |  |
| Lunch Buffet -  | 300 |  |
| PM Break | 300 |  |
| **Date 4** |
| Breakfast Buffet | 200 |  |
| AM Break | 200 |  |

1. Propose Parking price schedule, number of parking passes, discounted passes and parking rate inclusive of any service charges, gratuity, and/or sales tax. Enter “n/a” for any items that are not applicable. Propose schedule based upon the Program’s dates as set forth in Section II, of RFP

|  | Estimated Number of Parking Passes | Parking Rate |
| --- | --- | --- |
| Complimentary Parking Passes |  |  |
| Discounted Parking Rate |  |  |
| Normal Parking Rate |  |  |

1. Propose High speed internet connection pricing.
* What are the daily charges for an individual computer connected to the Internet in meeting rooms?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are there additional charges for multiple computers connected to the Internet where the client provides the necessary networking hardware? Yes ⬜ No ⬜ . If yes, how much per day? \_\_\_\_\_\_\_\_\_\_\_\_\_
* Please propose the lowest package cost you can provide for multiple connections during the conference daily or total:

Wired\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wireless \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What are the daily charges for computer connection in guest rooms:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFER PERIOD**

A Proposer's proposal is an irrevocable offer for ninety (90) days following the proposal due date. In the event a final contract has not been awarded within this ninety (90) day period, the AOC reserves the right to negotiate extensions to this period.

1. **Signature (must be completed by proposer):**

|  |
| --- |
| Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_\_\_\_\_. |
| By: |  |  |  |
|  | Signature |  | Print Name |
| Title: |  |  |  |

**The Judicial Council of California, Administrative Office of the Courts, Conference and Registration Services does not retain the services of third party or outsourced representation. All quoted rates are to be net, not commissionable.**