**Attachment 5**

**Submission Form for**

**Technical & Cost Proposal**

**(Room Block)**

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

|  |  |
| --- | --- |
| Firm (Legal Name): |  |
| Address: |  |
| Address Line 2: |  |
| City, State, Zip code |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Email Address: |  |
| Federal Tax ID Number: |  |
| Web Site: |  |
| Hotel Check-in and Check-out Time |  |
| Guest Room Reservation Cancellation Policy |  |

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| November 4 – 9, 2018 |  |  |
| October 21- 26, 2018 |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Daily Amount** | **Total** |
| What is the amount held for incidentals upon check-in? |  |  |

|  |  |  |
| --- | --- | --- |
| **Billing** | **Yes** | **No** |
| Does the property accept direct billing (master account)? |  |  |

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable.

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm number of rooms able to provide | Confirm daily room rate (w/o taxes & surcharges) | Confirm daily individual room rate w/ surcharges (TID, MED) w/o state/sales tax |
| --- | --- | --- | --- | --- | --- |
| Sunday | Single/double Occupancy | 110 |  |  |  |
| Monday | Single/double Occupancy | 142 |  |  |  |
| Tuesday | Single/double Occupancy | 113 |  |  |  |
| Wednesday | Single/double Occupancy | 79 |  |  |  |
| Thursday | Single/double Occupancy | 53 |  |  |  |
| Friday | Check-out | 0 |  |  |  |
|  |  | 497 |  |  |  |

Are Sleeping rooms compliant with American Disabilities Act (ADA)?

|  |  |
| --- | --- |
| Yes |  |
| No |  |

\

Propose the cut-off date for reservations (three weeks preferred): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting room on Sunday 2:00 p.m. – 9:00 p.m.

|  |  |  |
| --- | --- | --- |
| Meeting room name | Set up | Rate |
|  | Conference for 10 |  |

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 | Dollar Amount |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate only if not waived: |  |  | $ Add only if not waived |
| c. | Tourism surcharge: |  |  | $ |
| d. | MED |  |  | $ |

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.

| Parking Rate | Number of Complimentary parking | Valet Parking Rate | Self-Parking Rate | Oversize vehicles/SUV | In/Out Privileges |
| --- | --- | --- | --- | --- | --- |
| Complimentary parking |  |  |  |  |  |
| Discounted Parking Group Rate |  |  |  |  |  |
| Normal Hotel Parking Rate |  |  |  |  |  |

1. Propose High speed internet connection pricing.

* What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
| 1. | Complimentary meeting room rental |  |  |
| 2. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 3. | 2 complimentary Wi-Fi in meeting room |  |  |
| 4. | 3-week cut-off |  |  |
|  | Concessions provided by the hotel: |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Propose options for transportation to the hotel on public transportation

Discuss the various means of transportation to local airports.

Discuss the approximate distance from major freeways.

|  |
| --- |
|  |
|  |
|  |

**OFFER PERIOD**

A Proposer's submission is an irrevocable offer for forty-five (45) days following the proposal due date. In the event a final contract has not been awarded within this forty-five (45) day period, the Judicial Council of California reserves the right to negotiate extensions to this period.

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

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