**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 |  |

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

Please indicate which date(s) you are

offering for the program

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| Room Block #1:  January 17 – 20, 2023 |  |  |
| Room Block #2:  May 9 – 12, 2023 |  |  |
| Room Block #3:  July 18 – 21, 2023 |  |  |
| Room Block #4:  November 14 – 17, 2023 |  |  |

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

1. Propose Sleeping Room schedule.

**ROOM BLOCK #1**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm number of rooms able to provide | Confirm daily room rate **ONLY** (do not include taxes or surcharges) | Confirm daily individual room rate including surcharges |
| --- | --- | --- | --- | --- | --- |
| Tuesday, January 17, 2023 | Single Occupancy | 8 |  |  |  |
| Wednesday, January 18, 2023, | Single  Occupancy | 22 |  |  |  |
| Thursday, January 19, 2023 | Single  Occupancy | 26 |  |  |  |
| Friday, January 20, 2023 | Check-out | Check Out |  |  |  |
|  |  | 56 |  |  |  |

**ROOM BLOCK #2**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm number of rooms able to provide | Confirm daily room rate **ONLY** (do not include taxes or surcharges) | Confirm daily individual room rate including surcharges |
| --- | --- | --- | --- | --- | --- |
| Tuesday, May 9, 2023 | Single Occupancy | 8 |  |  |  |
| Wednesday, May 10, 2023, | Single  Occupancy | 22 |  |  |  |
| Thursday, May 11, 2023 | Single  Occupancy | 26 |  |  |  |
| Friday,  May 12, 2023 | Check-out | Check Out |  |  |  |
|  |  | 56 |  |  |  |

**ROOM BLOCK #3**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm number of rooms able to provide | Confirm daily room rate **ONLY** (do not include taxes or surcharges) | Confirm daily individual room rate including surcharges |
| --- | --- | --- | --- | --- | --- |
| Tuesday,  July 18, 2023 | Single Occupancy | 8 |  |  |  |
| Wednesday, July 19, 2023, | Single  Occupancy | 28 |  |  |  |
| Thursday, July 20, 2023 | Single  Occupancy | 35 |  |  |  |
| Friday,  July 21, 2023 | Check-out | Check Out |  |  |  |
|  |  | 71 |  |  |  |

**ROOM BLOCK #4**

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm number of rooms able to provide | Confirm daily room rate **ONLY** (do not include taxes or surcharges) | Confirm daily individual room rate including surcharges |
| --- | --- | --- | --- | --- | --- |
| Tuesday,  November 14, 2023 | Single Occupancy | 8 |  |  |  |
| Wednesday, November 15, 2023, | Single  Occupancy | 22 |  |  |  |
| Thursday, November 16, 2023 | Single  Occupancy | 28 |  |  |  |
| Friday,  November 17, 2023 | Check-out | Check Out |  |  |  |
|  |  | 58 |  |  |  |

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

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

Propose the reservation cut-off date for reservations:

* **Room Block #1:**
* **Room Block #2:**
* **Room Block #3:**
* **Room Block #4:**

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:

**ROOM BLOCK #1**

| Item Number | Type  **PLEASE DO NOT LEAVE THIS INFORMATION BLANK** | Yes | No | Percentage  Rate | Dollar Amount Only – **do not add % rate** |
| --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |
| c. | SF Tourism Surcharge (TID) |  |  |  | $ |
| d. | Moscone Expansion District (MED Surcharge) if applicable |  |  |  | $ |
| e. | CA Assessment if appliable |  |  |  | $ |

**ROOM BLOCK #2**

| Item Number | Type  **PLEASE DO NOT LEAVE THIS INFORMATION BLANK** | Yes | No | Percentage  Rate | Dollar Amount Only – **do not add % rate** |
| --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |
| c. | SF Tourism Surcharge (TID) |  |  |  | $ |
| d. | Moscone Expansion District (MED Surcharge) if applicable |  |  |  | $ |
| e. | CA Assessment if appliable |  |  |  | $ |

**ROOM BLOCK #3**

| Item Number | Type  **PLEASE DO NOT LEAVE THIS INFORMATION BLANK** | Yes | No | Percentage  Rate | Dollar Amount Only – **do not add % rate** |
| --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |
| c. | SF Tourism Surcharge (TID) |  |  |  | $ |
| d. | Moscone Expansion District (MED Surcharge) if applicable |  |  |  | $ |
| e. | CA Assessment if appliable |  |  |  | $ |

**ROOM BLOCK #4**

| Item Number | Type  **PLEASE DO NOT LEAVE THIS INFORMATION BLANK** | Yes | No | Percentage  Rate | Dollar Amount Only – **do not add % rate** |
| --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |
| c. | SF Tourism Surcharge (TID) |  |  |  | $ |
| d. | Moscone Expansion District (MED Surcharge) if applicable |  |  |  | $ |
| e. | CA Assessment if appliable |  |  |  | $ |

1. Propose Parking price schedule, number of parking passes, discounted passes and parking rate. Enter “n/a” for any items that are not applicable.

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

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

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
| 1. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 2. | Complimentary Guest Room Internet |  |  |
|  |  |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**OFFER PERIOD**

A Proposer's submission is an irrevocable offer for sixty (60) days following the proposal due date. In the event a final contract has not been awarded within this sixty (60) 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: |  |  |  |