**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** |
| November 26 – December 1, 2023 |  |  |
| December 3 – 8, 2023 |  |  |
| December 10 – 15, 2023 |  |  |

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

1. Propose Sleeping Room schedule.  **$110.00 or best available rate**

| 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 and/or tax (if applicable |
| --- | --- | --- | --- | --- | --- |
| Sunday | Single Occupancy | 52 |  |  |  |
| Monday | Single Occupancy | 70 |  |  |  |
| Tuesday | Single Occupancy | 76 |  |  |  |
| Wednesday | Single  Occupancy | 79 |  |  |  |
| Thursday | Single  Occupancy | 82 |  |  |  |
| Friday | Check-out | Check Out |  |  |  |
|  |  | 359 |  |  |  |

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

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

Propose the reservation cut-off date for reservations (3 weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Meeting Rooms:**

Two meeting rooms will be used by faculty for informal gatherings that will be arriving at a flow throughout the day.

F&B and AV will not be requested.

| **Date** | **Time** | **Set up** | **Expected #** | **Meeting Room Name** | **Room Rental Rate** |
| --- | --- | --- | --- | --- | --- |
| Sunday | 12:00 – 8:00 p.m. | Conference | 10 |  |  |
| Sunday | 12:00 – 8:00 p.m. | Conference | 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 Only – **do not add % rate** |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| c. | Tourism Surcharge: |  |  | $ |
| d. | MED Surcharge: |  |  | $ |

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 | 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 internet in individual guest rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 |  |  |
| 3. | Complimentary breakfast |  |  |
| 4. | Complimentary parking |  |  |
| 5. | Complimentary meeting room rental (2) |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Hotel Shuttle:**

Does the hotel have a complimentary airport shuttle?

Shuttle hours:

**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: |  |  |  |