**Attachment 6**

**Submission Form for**

**Price Proposal**

**(Full Service)**

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

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

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 | Dollar Amount |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate: |  |  | $ |
| c. | Tourism |  |  | $ |
| e. | Surcharge: (indicate surcharge name)\_\_\_\_\_\_\_\_\_\_\_ |  |  | $ |

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.

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm daily room rate | Confirm daily individual room rate w/ surcharges and/or tax |
| --- | --- | --- | --- | --- |
| Sunday | Single Occupancy | 8 |  |  |
| Monday | Single Occupancy | 90 |  |  |
| Tuesday | Single Occupancy | 90 |  |  |
| Wednesday | Single Occupancy | 2 |  |  |
|  |  | 190 |  |  |

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 |
| --- | --- | --- |
| **Monday** | | |
| PM Break | 90 |  |
| **Tuesday** | | |
| Breakfast Buffet | 90 |  |
| AM Break | 90 |  |
| Lunch | 90 |  |
| PM Break | 90 |  |
|  | **Wednesday** |  |
| Breakfast Buffet | 90 |  |
| AM Break | 90 |  |

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
2. 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?
* What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Package Rate for open access internet (bandwidth pricing) including tax and service fee (bandwidth usage for 3 days). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 & Registration Services does not retain the services of third party or outsourced representation. All quoted rates are to be net, not commissionable.**