**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 |  |

Please indicate which date(s) you are offering for the program

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| March 17-22, 2024 |  |  |
| April 14-19, 2024 |  |  |
| June 2-7, 2024 |  |  |

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

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

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

Room Block #1

| 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 (only include the taxes that are applicable) |
| --- | --- | --- | --- | --- | --- |
| Sunday, March 17, 2024 | Single Occupancy | 9 |  |  |  |
| Monday, March 18, 2024 | Single Occupancy | 62 |  |  |  |
| Tuesday, March 19, 2024 | Single Occupancy | 62 |  |  |  |
| Wednesday, March 20, 2024 | Single Occupancy | 62 |  |  |  |
| Thursday, March 21, 2024 | Single Occupancy | 62 |  |  |  |
| Friday, March 22, 2024 | Check-out | Check Out |  |  |  |
|  |  | 257 |  |  |  |

Propose the reservation cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_

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 | Percentage  Rate | Dollar Amount only |
| --- | --- | --- | --- | --- | --- |
| 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: |  |  |  | $ |

Room Block #2

| 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 (only include the taxes that are applicable) |
| --- | --- | --- | --- | --- | --- |
| Sunday, April 14, 2024 | Single Occupancy | 9 |  |  |  |
| Monday, April 15, 2024 | Single Occupancy | 62 |  |  |  |
| Tuesday, April 16, 2024 | Single Occupancy | 62 |  |  |  |
| Wednesday, April 17, 2024 | Single Occupancy | 62 |  |  |  |
| Thursday, April 18, 2024 | Single Occupancy | 62 |  |  |  |
| Friday, April 19, 2024 | Check-out | Check Out |  |  |  |
|  |  | 257 |  |  |  |

Propose the reservation cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_

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 | Percentage  Rate | Dollar Amount only |
| --- | --- | --- | --- | --- | --- |
| 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: |  |  |  | $ |

Room Block #3

| 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 (only include the taxes that are applicable) |
| --- | --- | --- | --- | --- | --- |
| Sunday, June 2, 2024 | Single Occupancy | 9 |  |  |  |
| Monday, June 3, 2024 | Single Occupancy | 62 |  |  |  |
| Tuesday, June 4, 2024 | Single Occupancy | 62 |  |  |  |
| Wednesday, June 5, 2024 | Single Occupancy | 62 |  |  |  |
| Thursday, June 6, 2024 | Single Occupancy | 62 |  |  |  |
| Friday, June 7, 2024 | Check-out | Check Out |  |  |  |
|  |  | 257 |  |  |  |

Propose the reservation cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_

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 | Percentage  Rate | Dollar Amount only |
| --- | --- | --- | --- | --- | --- |
| 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: |  |  |  | $ |

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

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

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 WiFi for 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. | Guest Room Internet |  |  |
| 3. | 2 Complimentary parking daily |  |  |
| 4. | 2-week cut-off date |  |  |
| 5. | Breakfast included in the sleeping room rate |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |

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.

|  |
| --- |
| Does the hotel offer a complimentary airport shuttle? |
|  |
|  |
|  |
|  |

**OFFER PERIOD**

A Proposer's submission 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 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: |  |  |  |