

**Attachment 6  
Submission Form for  
Price Proposal  
(Room Block Only)**

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

Firm (Legal Name):	
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B. 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
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:				

C. 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	Sleeping Room Unit Rate
Sunday 9/15/13 Or 9/9/13	Single/Double Occupancy	75	
Monday 9/16/13 Or 9/10/13	Single/Double Occupancy	75	
Tuesday 9/17/13 Or 9/11/13	Single/ Double Occupancy	75	
Wednesday 9/18/13 Or 9/12/13	Single/ Double Occupancy	65	

Date	Type of Sleeping Room	Estimated Number of Sleeping Rooms	Sleeping Room Unit Rate
Thursday 9/19/13 Or 9/13/13	Single/ Double Occupancy	65	
Friday Feb 1st Or March 1st	Check-out		
		355	

D. 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

Parking Rate	Valet Parking Rate	Self Parking Rate	Oversize vehicles/SUV	In/Out Privileges
Discounted Parking Rate				
Normal Parking Rate				

E. Propose High speed internet connection pricing.

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

F. **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.**

