**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.

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

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| Room Block #1:March 21-24, 2023 |  |  |
| Room Block #2:September 24-27, 2023 |  |  |

|  |  |  |
| --- | --- | --- |
| **Incidentals** | **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. Please note the Judicial Council’s maximum sleeping room unit rate as indicated on the RFP in Section 2: Maximum Rates and Fees. Preference will be given for costs proposed within the maximum rates and fees established by the Judicial Council of California, as set forth below. However please submit hotel’s best available rate if the county maximum listed below cannot be accommodated.

**ROOM BLOCK #1: March 21-24, 2023**

| 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 & surcharges) | Confirm daily individual room rate including surcharges  |
| --- | --- | --- | --- | --- | --- |
| Tuesday, March 21, 2023 | Single Occupancy | 8 |  |  |  |
| Wednesday, March 22, 2023 | SingleOccupancy | 23 |  |  |  |
| Thursday, March 23, 2023 | SingleOccupancy | 32 |  |  |  |
| Friday, March 24, 2023 | Check-out  | Check out |  |  |  |
|  |  |  63 |  |  |  |

Propose the 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 **PLEASE DO NOT LEAVE THIS INFORMATION BLANK** | Yes | No | PercentageRate  | Dollar Amount **only – do not add % rate** |
| --- | --- | --- | --- | --- | --- |
| 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: September 24-27, 2023**

| 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 & surcharges) | Confirm daily individual room rate including surcharges  |
| --- | --- | --- | --- | --- | --- |
| Sunday, September 24, 2023 | Single Occupancy | 8 |  |  |  |
| Monday, September 25, 2023 | SingleOccupancy | 23 |  |  |  |
| Tuesday, September 26, 2023 | SingleOccupancy | 32 |  |  |  |
| Wednesday, September 27, 2023 | Check-out  | Check out |  |  |  |
|  |  |  63 |  |  |  |

Propose the 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**PLEASE DO NOT LEAVE THIS INFORMATION BLANK** | Yes | No | PercentageRate  | Dollar Amount **only – do not add % rate** |
| --- | --- | --- | --- | --- | --- |
| 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 |  |

|  |  |
| --- | --- |
| **Coffee shop hours:** |  |
| **Restaurant hours:**  |  |
| **Room service hours:** |  |

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.

| 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 computer connection In 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 parking for event staff, daily |  |  |
|  | **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.

|  |
| --- |
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**Please provide the following with your proposal:**

* **Sanitation protocols related to Covid19**
* **Completed Covid-19 Duty of Care Questionnaire**

**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: |  |  |  |