**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 are not listed in order of preference** | **Yes** | **No** |
| June 11 - 14, 2024 |  |  |
| June 25 - 28, 2024 |  |  |

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Guest room desk** | **Traditional Desk** | **Modern space** | **Working space is not available** |
| Is there a traditional desk or modern working space in the guest rooms? |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Guest room dressers** | **Yes** | **Other, explain** |
| Are there traditional dressers in the guest rooms? |  |  |

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

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable. Please indicate which date(s) you are offering and the rates for each room block.

**The guest room rate $110.00 or best available**

| 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 – TID/ MED & CA Assessment only |
| --- | --- | --- | --- | --- | --- |
| Date 1  Tuesday | Single Occupancy | 10 |  |  |  |
| Date 2  Wednesday | Single Occupancy | 44 |  |  |  |
| Date 3  Thursday | Single  Occupancy | 44 |  |  |  |
| Date 4  Friday | Check-out | Check Out |  |  |  |
|  |  | 98 |  |  |  |

**Propose the cut-off date for reservations: (\_\_/\_\_\_/2024) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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 # | Type | Yes | No | Dollar Amount only  **do not add percentage** |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate: add only if not waived |  |  | $Add dollar amount ***only if tax isn’t waived*** |
| c. | Tourism, State Tax or Surcharge |  |  | $Add dollar amount |
| d. | Tourism, State Tax or Surcharge |  |  | $Add dollar amount |

1. Propose Parking price schedule, number of parking passes, discounted passes and parking rate inclusive of any sales tax. Enter “n/a” for any items that are not applicable.

| Parking Rate | Valet Parking Rate | Self-Parking Rate | Oversize vehicles/SUV | In/Out Privileges |
| --- | --- | --- | --- | --- |
| Discounted Parking Group Rate |  |  |  |  |

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 Internet in guest rooms |  |  |
| 3. | 2 Complimentary parking daily |  |  |
| 4. | 3-week cut-off date |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |

**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: |  |  |  |