**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 |  |

|  |  |  |
| --- | --- | --- |
| **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** |
| Is there a traditional desk or modern working space in the guest rooms? |  |  |

|  |  |  |
| --- | --- | --- |
| **Guest room dressers** | **Yes** | **No** |
| Are there traditional dressers in the guest rooms? |  |  |

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 entire room block must be able to fit in one hotel property. Multiple properties will not be accepted.

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms nightly | Confirm number of rooms able to provide nightly | **Confirm daily room rate** (w/o taxes & surcharges) nightly | Confirm daily individual **total room rate + surcharges only** |
| --- | --- | --- | --- | --- | --- |
| Sunday, December 12, 2021 | Single Occupancy | 18 |  |  |  |
| Monday, December 13, 2021 | Single  Occupancy | 18 |  |  |  |
| Tuesday, December 14, 2021 | Single  Occupancy | 18 |  |  |  |
| Wednesday, December 15, 2021 | Single  Occupancy | 18 |  |  |  |
| Thursday, December 16, 2021 | Single  Occupancy | 18 |  |  |  |
| Friday, December 17, 2021 | Check-out | 90 |  |  |  |

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

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

Propose the cut-off date for reservations (3-weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 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. | Surcharge (TID) |  |  | $Add dollar amount |
| d. | MED |  |  | $Add dollar amount |

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 internet connection 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. | 3 – week cut-off |  |  |
| 3. | Complimentary internet in guest rooms |  |  |
|  |  |  |  |
|  | **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: |  |  |  |