**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** | **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? |  |  |

1. 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 maximum is $250.00.**

| Block | Yes/No you can provide the room block | Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms nightly | Confirm number of rooms able to provide nightly | Confirm daily room rate ONLY (w/o taxes & surcharges) nightly | Confirm daily individual room rate w/ surcharges only (do not included sales tax) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Block #1 |  | Check-In 3/17/2024, Check-Out 3/22/2024 | Single Occupancy | 20 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #2 |  | Check-In 4/14/2024, Check-Out 4/19/2023 | SingleOccupancy |  20 nightly |  |  |  |
|  |  |  |  |  |  |  |  |

Are Meeting and 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 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. | SF Tourism Fee (TID) |  |  | $Add dollar amount  |
| d. | Moscone Expansion District (MED) |  |  | $Add dollar amount |
| e.  | CA Assessment Fee  |  |  | $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 | 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. |  |  |
| 3. | Complimentary internet in guest rooms |  |  |
| 4.  | 3-week cut-off  |  |  |
| 5. | Waive Urban Fee  |  |  |
|  | **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: |  |  |  |

**The Judicial Council of California, Conference & Registration Services does not retain the services of third party or outsourced representation. All quoted rates are to be net, not commissionable.**