**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  Individual 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** |
| October 18-23, 2020 |  |  |
| November 29-  December 4, 2020 |  |  |
| February 21-26, 2021 |  |  |
| March 7-12, 2021 |  |  |
| March 21-26, 2021 |  |  |

|  |  |  |
| --- | --- | --- |
| **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.

**Meetings currently are two days meetings, however they are subject to change to one day meetings.**

**Block #1**

| 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 and/or tax (if applicable |
| --- | --- | --- | --- | --- | --- |
| October 18, 2020 | Single Occupancy | 3 |  |  |  |
| October 19, 2020 | Single  Occupancy | 37 |  |  |  |
| October 20, 2020 | Single  Occupancy | 37 |  |  |  |
| October 21, 2020 | Single  Occupancy | 37 |  |  |  |
| October 22, 2020 | Single  Occupancy | 37 |  |  |  |
| October 23, 2020 | Check-out | N/A |  |  |  |
|  |  | 151 |  |  |  |

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 | 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: |  |  |  | $ |

**Block #2**

| 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 and/or tax (if applicable |
| --- | --- | --- | --- | --- | --- |
| November 29, 2020 | Single Occupancy | 3 |  |  |  |
| November 30, 2020 | Single  Occupancy | 37 |  |  |  |
| December 1, 2020 | Single  Occupancy | 37 |  |  |  |
| December 2, 2020 | Single  Occupancy | 37 |  |  |  |
| December 3, 2020 | Single  Occupancy | 37 |  |  |  |
| December 4, 2020 | Check-out | N/A |  |  |  |
|  |  | 151 |  |  |  |

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 | 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: |  |  |  | $ |

**Block #3**

| 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 and/or tax (if applicable |
| --- | --- | --- | --- | --- | --- |
| February 21, 2021 | Single Occupancy | 3 |  |  |  |
| February 22, 2021 | Single  Occupancy | 37 |  |  |  |
| February 23, 2021 | Single  Occupancy | 37 |  |  |  |
| February 24, 2021 | Single  Occupancy | 37 |  |  |  |
| February 25, 2021 | Single  Occupancy | 37 |  |  |  |
| February 26, 2021 | Check-out | N/A |  |  |  |
|  |  | 151 |  |  |  |

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 | 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: |  |  |  | $ |

**Block #4**

| 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 and/or tax (if applicable |
| --- | --- | --- | --- | --- | --- |
| March 7, 2021 | Single Occupancy | 3 |  |  |  |
| March 8, 2021 | Single  Occupancy | 37 |  |  |  |
| March 9, 2021 | Single  Occupancy | 37 |  |  |  |
| March 10, 2021 | Single  Occupancy | 37 |  |  |  |
| March 11, 2021 | Single  Occupancy | 37 |  |  |  |
| March 12, 2021 | Check-out | N/A |  |  |  |
|  |  | 151 |  |  |  |

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 | 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: |  |  |  | $ |

**Block #5**

| 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 and/or tax (if applicable |
| --- | --- | --- | --- | --- | --- |
| March 21, 2021 | Single Occupancy | 3 |  |  |  |
| March 22, 2021 | Single  Occupancy | 37 |  |  |  |
| March 23, 2021 | Single  Occupancy | 37 |  |  |  |
| March 24, 2021 | Single  Occupancy | 37 |  |  |  |
| March 25, 2021 | Single  Occupancy | 37 |  |  |  |
| March 26, 2021 | Check-out | N/A |  |  |  |
|  |  | 151 |  |  |  |

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 | 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: |  |  |  | $ |

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

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

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. | Breakfast included in the rate |  |  |
| 3. | Complimentary Wi-Fi in guest rooms |  |  |
|  | **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.

|  |
| --- |
| **Please note if hotel has a shuttle for Airport and/or Amtrak** |
|  |
|  |

**OFFER PERIOD**

A Proposer's submission is an irrevocable offer for ninety (90) days following the proposal due date. In the event a final contract has not been awarded within this ninety (90) 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: |  |  |  |