**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 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

**\*\*It is not necessary to bid on all of the listed dates\*\***

 **9 of the 14 sets of dates are expected to be contracted**

| 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 (w/o taxes & surcharges) nightly | Confirm daily individual room rate w/ surcharges and/or tax (if applicable)  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Block #1 |  | Check-In 7/7/2019, Check-Out 7/12/2019 | Single Occupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #2 |  | Check-In 8/11/2019, Check-Out 8/16/2019 | SingleOccupancy |  18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #3 |  | Check-In 8/18/2019, Check-Out 8/23/2019 | SingleOccupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #4 |  | Check-In 10/20/2019, Check-Out 10/25/2019 | SingleOccupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #5 |  | Check-In 10/27/2019, Check-Out 11/1/2019 | SingleOccupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #6 |  | Check-In 12/8/2019, Check-Out 12/13/2019 | Single Occupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #7 |  | Check-In 1/12/2020, Check-Out 1/17/2020 | Single Occupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #8 |  | Check-In 1/26/2020, Check-Out 1/31/2020 | Single Occupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #9 |  | Check-In 2/9/2020, Check-Out 2/14/2019 | Single Occupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #10 |  | Check-In 3/8/2020, Check-Out 3/13/2020 | Single Occupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #11 |  | Check-In 3/22/2020, Check-Out 3/27/2020 | Single Occupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #12 |  | Check-In 5/10/2020, Check-Out 5/15/2020 | Single Occupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #13 |  | Check-In 6/7/2020, Check-Out 6/12/2020 | Single Occupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |
| Block #14 |  | Check-In 6/21/2020, Check-Out 6/26/2020 | Single Occupancy | 18 nightly |  |  |  |
|  |  |  |  |  |  |  |  |

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

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

Propose the cut-off date for reservations (2-weeks or 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 |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate: |  |  | $ |
| c. | Surcharge (TID) |  |  | $ |
| d. | MED |  |  | $ |

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. | 2-week cut-off |  |  |
| 3. | 3 – week cut-off |  |  |
| 4. | Complimentary internet 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.

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**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: |  |  |  |