**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** | **Yes** | **No** |
| **January 17-21, 2016** |  |  |
| **May 22-26, 2016** |  |  |

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

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable.

 **January 17-22, 2016**

| 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** (only add lodging tax if your city/county does not accept the State occupancy tax waiver) |
| --- | --- | --- | --- | --- | --- |
| Sunday, January 17, 2016 | Single Occupancy | 16 |  |  |  |
| Monday, January 18, 2016 | Single Occupancy | 16 |  |  |  |
| Tuesday, January 19, 2016 | Single Occupancy | 16 |  |  |  |
| Wednesday, January 20, 2016 | Single Occupancy | 16 |  |  |  |
| Thursday, January 21, 2016 | Single Occupancy | 16 |  |  |  |
| Friday, January 22, 2016 | Check-out  |  |  |  |  |
|  |  | 80 |  |  |  |

**May22-26, 2016**

| 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** (only add lodging tax if your city/county does not accept the State occupancy tax waiver) |
| --- | --- | --- | --- | --- | --- |
| Sunday, May 22, 2016 | Single Occupancy | 16 |  |  |  |
| Monday, May 23 2016 | Single Occupancy | 16 |  |  |  |
| Tuesday, May 24, 2016 | Single Occupancy | 16 |  |  |  |
| Wednesday, May 25, 2016 | Single Occupancy | 16 |  |  |  |
| Thursday, May 26 2016 | Single Occupancy | 16 |  |  |  |
| Friday, May 27, 2016 | Check-out  |  |  |  |  |
|  |  | 80 |  |  |  |

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

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

Propose the cut-off date for each proposed set of reservation dates: \_\_\_\_\_\_\_\_

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 | PercentageRate  | Dollar Amount | Surcharge / Tax Name  |
| --- | --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |  |
| b. | Occupancy Tax rate if applicable: |  |  |  | $ |  |
| c. | Tourism, State Tax or Surcharge: |  |  |  | $ |  |
| d. | Tourism, State Tax or Surcharge: |  |  |  | $ |  |

C. 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 |  |  |  |  |  |

D: Propose High speed internet connection pricing.

* What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E: 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. | **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. |
|  |

**OFFER PERIOD**

A Proposer's proposal 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: |  |  |  |

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