**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)?  |  |  |

Please indicate which date(s) you are offering for the

Program:

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| 1st Choices: September 11-16, 2022 |  |  |
| 2nd Choice: October 9-14, 2022 |  |  |
| 3rd Choice: October 16-21, 2022 |  |  |

|  |  |  |
| --- | --- | --- |
| **Incidental Cost** | **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. Please note the Judicial Council’s maximum sleeping room unit rate as indicated on the RFP in Section 2.

Maximum Rates and Fees. Preference will be given for costs proposed within the maximum rates and fees established by the Judicial Council of California, as set forth below. However please submit hotel’s best available rate if the county maximum listed below cannot be accommodated.

| 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 include the taxes that are applicable) |
| --- | --- | --- | --- | --- | --- |
| Sunday, September 11, October 9 or 16, 2022 | Single Occupancy | 86 |  |  |  |
| Monday, September 12, October 10 or 17, 2022 | SingleOccupancy | 86 |  |  |  |
| Tuesday, September 13, October 11 or 18, 2022 | SingleOccupancy | 86 |  |  |  |
| Wednesday, September 14, October 12 or 19, 2022 | SingleOccupancy | 63 |  |  |  |
| Thursday, September 15, October 13 or 20, 2022 | SingleOccupancy | 63 |  |  |  |
| Friday, September 16, October 14 or 21, 2022 | Check-out  |  Check Out |  |  |  |
|  |  |  384 |  |  |  |

Propose the reservation cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_

Are 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 | PercentageRate  | Dollar Amount only |
| --- | --- | --- | --- | --- | --- |
| 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: |  |  |  | $ |

1. Estimated Meeting and Function Room Block:

Propose Meeting and Function Rooms schedule, including the date, time, and a description of the set is detailed below. Please add the Function room name, square footage, noting dimensions, any odd shapes, angles, pillars and other salient characteristics). Enter “n/a” for any items that are not applicable.

| **Date** | **Time** | **Set Up** | **Expected Attendance** | **Room Name****Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Sunday, Date 1** |
| Sunday, September 11, October 9 or 16, 2022 | 12:00-8:00pm | Conference | 6 |  |
| Sunday, September 11, October 9 or 16, 2022 | 12:00-8:00pm | Conference | 6 |  |

| Inclusive Meeting Room Rental Rate | Complimentary (or inclusive rate) |
| --- | --- |

1. Propose Parking price schedule, number of parking passes, discounted passes and parking rate. 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 WiFi 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. | Complimentary Guest Room Internet |  |  |
| 3. | 5 Complimentary parking daily |  |  |
| 4. | 3-week cut-off date |  |  |
| 5. | 2 Complimentary meeting rooms for 6 people for Sunday, September 11, October 9 or 16, 2022 |  |  |
| 6. | Hand sanitizer stations inside each meeting room |  |  |
|  | **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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|  |

|  |  |
| --- | --- |
| **Coffee shop hours:** |  |
| **Restaurant hours:**  |  |

**Please provide the following with your proposal:**

**Covid-19 Duty of Care Questionnaire**

**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: |  |  |  |