**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:**

|  |  |  |
| --- | --- | --- |
| **Date (not flexible)** | **Yes** | **No** |
| April 24, 2024 |  |  |

|  |  |  |
| --- | --- | --- |
| **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? |  |  |

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

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.

| 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 – TID &CA Assessment **Only**  |
| --- | --- | --- | --- | --- | --- |
| Wednesday, April 24, 2024 | Single Occupancy | 75 |  |  |  |
| Thursday, April 25, 2024 | Single Occupancy | Check Out |  |  |  |
|  |  | 75 |  |  |  |

**Propose the cut-off date for reservations: (\_\_/\_\_\_/2024) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 # | Type | **Yes** | **No** | **Dollar Amount** **do not add percentage** |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Tourism Surcharge: |  |  | $ |
| c. | CA Assessment Fee:  |  |  | $ |
|  | Total Surcharge Fee’s (do not include sales tax) |  |  | **$** |

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 | Valet Parking Rate | Self-Parking Rate | In/Out Privileges |
| --- | --- | --- | --- |
| Discounted Parking Group Rate |  |  |  |
| Normal Hotel Parking 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 comp room |  |  |
| 2. | Complimentary Guest Room Internet |  |  |
| 3. | Waived Urban or Resort Fee |  |  |
| 4. | Complimentary Breakfast |  |  |
| 5. | Complimentary Parking |  |  |
| 4. | 2-week cut-off date |  |  |
| 5. | Airport Shuttle |  |  |

**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.

**F. Signature (must be completed by proposer):**

|  |
| --- |
| Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_. |
| By: |  |  |  |
|  | Signature |  | Print Name |
| Title: |  |  |  |