**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 |  |
| What is the amount held for incidentals upon check-in? |  |
| Does the property accept direct billing (master account)? |  |

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

|  |  |  |
| --- | --- | --- |
| ***The dates are not flexible.*** | **Yes** | **No** |
| Room Block:  October 27-30, 2024 |  |  |

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.

**ROOM BLOCK: October 27-30, 2024**

| 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** |
| --- | --- | --- | --- | --- | --- |
| Sunday, October 27, 2024 | Single Occupancy | 15 |  |  |  |
| Monday, October 28, 2024 | Single  Occupancy | 80 |  |  |  |
| Tuesday, October 29, 2024 | Single  Occupancy | 85 |  |  |  |
| Wednesday, October 30, 2024 | Single  Occupancy | 15 |  |  |  |
| Thursday, October 31, 2024 |  | Check-out |  |  |  |
|  |  | 195 |  |  |  |

**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. | MED Surcharge (Moscone Expansion District) |  |  | $ |
| c. | SF Tourism Surcharge |  |  | $ |
| d. | CA Assessment Fee |  |  | $ |
|  | **Total Surcharge Fee’s (do not include sales tax)** |  |  | **$** |

|  |  |
| --- | --- |
| **Coffee shop hours:** |  |
| **Restaurant hours:** |  |
| **Room service hours:** |  |
| **Lounge/Bar hours:** |  |

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** | **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. | 2-week cut-off date |  |  |

**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.

1. Signature (must be completed by proposer):

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