**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): |  |
| Federal Tax ID Number: |  |
| Address: |  |
| Address Line 2: |  |
| City, State, Zip code |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Email Address: |  |
| Web Site: |  |
| Hotel Check-in and Check-out Time |  |
| Guest Room Reservation Cancellation Policy |  |
| Does the property accept direct billing (master account)? |  |
| What is the amount held for incidentals upon check-in? |  |

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

|  |  |  |
| --- | --- | --- |
| **Dates (*not flexible*):** | **Yes** | **No** |
| February 18 – 21, 2025 |  |  |
| July 15 – 18, 2025 |  |  |
| December 9 – 12, 2025 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Guest room desk** | **Traditional Desk** | **Modern space** | **Working space is not available** |
| Is there a traditional desk or modern working space in the guest rooms? |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Guest room dressers** | **Yes** | **Other, explain** |
| Are there traditional 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.

**The guest room rate up to $185.00.**

**ROOM BLOCK #1: February 18 – 21, 2025**

| 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/ MED & CA Assessment only |
| --- | --- | --- | --- | --- | --- |
| Tuesday, February 18, 2025 | Single Occupancy | 3 |  |  |  |
| Wednesday, February 19, 2025 | Single  Occupancy | 20 |  |  |  |
| Thursday, February 20, 2025 | Single  Occupancy | 34 |  |  |  |
| Friday, February 7, 2025 | Check-out | N/A |  |  |  |
|  |  | 57 |  |  |  |

**Propose the cut-off date for reservations: (\_\_/\_\_\_/2025) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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) |  |  | **$** |

**ROOM BLOCK #2: July 15 - 18, 2025**

| 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/ MED & CA Assessment only |
| --- | --- | --- | --- | --- | --- |
| Tuesday, July 15, 2025 | Single Occupancy | 5 |  |  |  |
| Wednesday, July 16, 2025 | Single  Occupancy | 20 |  |  |  |
| Thursday, July 17, 2025 | Single  Occupancy | 38 |  |  |  |
| Friday, July 18, 2025 | Check-out | N/A |  |  |  |
|  |  | 63 |  |  |  |

**Propose the cut-off date for reservations: (\_\_/\_\_\_/2025) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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) |  |  | **$** |

**ROOM BLOCK #3: December 9 - 12, 2025**

| 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/ MED & CA Assessment only |
| --- | --- | --- | --- | --- | --- |
| Tuesday, December 9, 2025 | Single Occupancy | 5 |  |  |  |
| Wednesday, December 10, 2025 | Single  Occupancy | 20 |  |  |  |
| Thursday, December 11, 2025 | Single  Occupancy | 38 |  |  |  |
| Friday, December 12, 2025 | Check-out | N/A |  |  |  |
|  |  | 63 |  |  |  |

**Propose the cut-off date for reservations: (\_\_/\_\_\_/2025) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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) |  |  | **$** |

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

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

1. Propose Parking price schedule, number of parking passes, discounted passes and parking rate inclusive of any sales tax. Enter “n/a” for any items that are not applicable.

| Parking Rate | Valet Parking Rate | Self-Parking Rate | In/Out Privileges |
| --- | --- | --- | --- |
| Complimentary Parking |  |  |  |
| Discounted Parking Group 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 complimentary room. |  |  |
| 2. | Complimentary guestroom internet |  |  |
| 3. | 2 Complimentary parking daily |  |  |
| 4. | 2 week cut-off date for reservations |  |  |
| 5. | Waived Urban Fee |  |  |
|  | **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 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.

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

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