**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 |  |

|  |  |  |
| --- | --- | --- |
| **Room Block Dates** | **Yes** | **No** |
| February 28 – March 5, 2021 (preferred)  |  |  |
| March 7 - 12, 2021(second option)  |  |  |

|  |  |  |
| --- | --- | --- |
| **Guest room desk**  | **Traditional Desk** | **Modern space** |
| Is there a traditional desk or modern working space in the guest rooms?  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Daily Amount**  | **Total** |
| What is the amount held for incidentals upon check-in? |  |  |

|  |  |  |
| --- | --- | --- |
| **Guest room dressers** | **Yes**  | **No** |
| Are there traditional dressers in the guest rooms?  |  |  |

|  |  |  |
| --- | --- | --- |
| **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.

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Confirm number of rooms able to provide | Confirm daily room rate **(without taxes & surcharges)** | Confirm daily individual room rate and include all surcharges (TID, MED) Do not add the occupancy tax |
| --- | --- | --- | --- | --- | --- |
| Sunday  | Single/double Occupancy | 135 |  |  |  |
| Monday  | Single/double Occupancy | 135 |  |  |  |
| Tuesday  | Single/double Occupancy | 105 |  |  |  |
| Wednesday | Single/double Occupancy | 105 |  |  |  |
| Thursday | Single/double Occupancy | 80 |  |  |  |
| Friday  | check-out | 560 |  |  |  |
|  |  |  |  |  |  |

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

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

Propose the cut-off date for reservations (three weeks preferred): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting room on Sunday 2:00 p.m. – 9:00 p.m.

|  |  |  |
| --- | --- | --- |
| Meeting room name  | Set up  | Rate |
|  | Conference for 10 |  |

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 | Dollar Amount ONLY Do not add percentage  |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate add only if not waived: |  |  |  |
| c. | Tourism surcharge: |  |  |  |
| d. | MED surcharge: |  |  |  |

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 | 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 computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
| 1. | Comp or discount overnight parking  |  |  |
| 2.  | Comp Wi-Fi in guest rooms |  |  |
| 3. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 4. | Waive urban or resort fee’s |  |  |
| 5.  | Complimentary room rental on Sunday  |  |  |
| 6.  | Complimentary Wi-Fi in meeting room  |  |  |
|  | Concessions provided by the hotel: |  |  |
|  |  |  |  |
|  |  |  |  |

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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**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.

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

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