**Attachment 6**

**Submission Form for**

**Price Proposal**

**(ROOM BLOCK ONLY)**

1. Proposer’s name, address, telephone and fax numbers, email and federal tax identification number.

|  |  |
| --- | --- |
| Firm (Legal Name): |  |

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 |
| --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |
| b. | Occupancy Tax rate: |  |  |  |  |
| c. | Tourism or Surcharge (add surcharge title): |  |  |  |  |
| d. |  State Tax: |  |  |  |  |

1. Propose Sleeping Rooms schedule, including sleeping room unit rate(s), tax and/or surcharge, if applicable, extended price(s), and total. Propose schedule based upon the Allowable Unit Price(s) Reimbursable by the State, as indicated on the RFP in Section 2.

| Date | Type of Sleeping Room | Estimated Number of Sleeping Rooms | Sleeping Room Unit Rate |
| --- | --- | --- | --- |
| SundayJune 9, 2013  | Single/Double Occupancy | 65 |  |
| Monday June 10th  | Single/Double Occupancy | 65 |  |
| Tuesday June 11th  | Single/ Double Occupancy | 65 |  |
| WednesdayJune 12th  | Single/ Double Occupancy | 55 |  |
| Thursday June 13th | Single/ Double Occupancy | 55 |  |
| Friday June 14th  | Check-out | 0 |  |
|  |  | 305 |  |

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. Propose schedule based upon the Program’s dates as set forth in Section II, of RFP

| Parking Rate | Valet Parking Rate  | Self Parking Rate  | Oversize vehicles/SUV  | In/Out Privileges |
| --- | --- | --- | --- | --- |
| Discounted Parking Rate |  |  |  |  |
| Normal Parking Rate |  |  |  |  |

1. Propose High speed internet connection pricing.

What are the daily charges for computer connection for individual guest rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**The Judicial Council of California, Administrative Office of the Courts, Conference & Registration Services does not retain the services of third party or outsourced representation. All quoted rates are to be net, not commissionable.**