**ATTACHMENT 3**

**PROPOSER’S ACCEPTANCE OF CONTRACT TERMS AND CONDITIONS**

**Instructions:** Mark the appropriate choice below and sign this attachment.

[ ]  Proposer accepts Attachment 2, Contract Terms and Conditions, without exception.

***OR***

[ ]  Proposer proposes exceptions/modifications to Attachment 2, Contract Terms and Conditions. Summarize any and all exceptions to Attachment 2, Contract Terms and Conditions, below. Enclose both a red-lined version of Attachment 2, Contract Terms and Conditions, that clearly shows each proposed exception/modification and provide written documentation to substantiate each proposed exception/modification.

|  |
| --- |
| BY *(Authorized Signature)* |
|   |
| PRINTED NAME OF PERSON SIGNING  |
|  |
| TITLE OF PERSON SIGNING |
|  |

**END OF ATTACHMENT**

**ATTACHMENT 4**

**DARFUR CONTRACTING ACT CERTIFICATION**

Pursuant to Public Contract Code (PCC) section 10478, if a proposer currently or within the previous three years has had business activities or other operations outside of the United States, it must either (i) certify that it is not a “scrutinized company” as defined in PCC 10476, or (ii) receive written permission from the Judicial Council to submit a bid.

To submit a bid to the Judicial Council, the proposer must complete **ONLY ONE** of the following three paragraphs. To complete paragraph 1 or 2, simply check the corresponding box. To complete paragraph 3, check the corresponding box **and** complete the certification for paragraph 3.

[ ]  1. We do not currently have, and we have not had within the previous three years, business activities or other operations outside of the United States.

***OR***

[ ]  2. We are a “scrutinized company” as defined in PCC 10476, but we have received written permission from the JUDICIAL COUNCIL to submit a bid pursuant to PCC 10477(b). *A copy of the written permission from the JUDICIAL COUNCIL is included with our bid.*

***OR***

[ ]  3. We currently have, or we have had within the previous three years, business activities or other operations outside of the United States, but we **certify below** that we are not a “scrutinized company” as defined in PCC 10476.

**CERTIFICATION FOR PARAGRAPH 3:**

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY, that I am duly authorized to legally bind the proposer to the clause in paragraph 3. This certification is made under the laws of the State of California.

|  |  |
| --- | --- |
| COMPANY NAME *(Printed)*  | FEDERAL ID NUMBER  |
|  |  |
| BY *(Authorized Signature)* |
|  |
| PRINTED NAME AND TITLE OF PERSON SIGNING | date executed |
|  |  |
| *Executed in the County of* | *in the State of* |
|  |  |

**END OF ATTACHMENT**

**ATTACHMENT 5**

**GENERAL CERTIFICATIONS FORM**

Check the box below, if agreed, and sign this attachment. Please note that the Judicial Council will reject a proposal from a Contractor that does not indicate acceptance of these clauses.

**Conflict of Interest**. Contractor has no interest that would constitute a conflict of interest under California Public Contract Code (PCC) sections 10365.5, 10410 or 10411; Government Code sections 1090 et seq. or 87100 et seq.; or California Rules of Court, rule 10.103 or 10.104, which restrict employees and former employees from contracting with judicial branch entities.

**Suspension or Debarment**. Contractor certifies that neither Contractor nor any of Contractor’s intended subcontractors is on the California Department of General Services’ list of firms and persons that have been suspended or debarred from contracting with the state because of a violation of PCC 10115.10, regarding disabled veteran business enterprises.

**Tax Delinquency**. Contractor certifies that it is not on either (i) the California Franchise Tax Board’s list of 500 largest state income tax delinquencies, or (ii) the California Department of Tax and Fee Administration’s list of 500 largest delinquent sales and use tax accounts.

**Conflict Minerals**. Contractor certifies that either (i) it is not a scrutinized company as defined in PCC 10490(b), or (ii) the goods or services the Contractor would provide to the Judicial Council are not related to products or services that are the reason the Contractor must comply with Section 13(p) of the Securities Exchange Act of 1934. (Note: PCC 10490(b) defines a “scrutinized company” as “a person that has been found to be in violation of Section 13(p) of the Securities Exchange Act of 1934 by final judgment or settlement entered in a civil or administrative action brought by the Securities and Exchange Commission and the person has not remedied or cured the violation in a manner accepted by the commission on or before final judgment or settlement.”)

[ ]  **Check this box to indicate acceptance of the clauses above.**

|  |
| --- |
| BY *(Authorized Signature)* |
|   |
| PRINTED NAME OF PERSON SIGNING  |
|  |
| TITLE of person signing |
|  |

**END OF ATTACHMENT**

**ATTACHMENT 6**

**SUBMISSION FORM FOR TECHNICAL & COST PROPOSAL**

**(FULL SERVICE)**

1. **Proposer’s Information.**

|  |  |
| --- | --- |
| Firm (Legal Name): |  |
| Address: |  |
| Address Line 2: |  |
| City, State, Zip Code: |  |
| Sales Contact: |  |
| Title: |  |
| Phone: |  |
| Email: |  |
| Website: |  |
| Federal Tax ID Number: |  |
| Business License: | [ ]  Attached [ ]  Will provide prior to entering into contract |
| Is property compliant with American Disabilities Act (ADA)? | [ ]  Yes [ ]  No  |
| Is construction/renovation anticipated during the program dates? | [ ]  Yes [ ]  No If yes, please describe:  |
| Hotel Check-in and Check-out Time: |  |
| Guest Room Reservation Cancellation Policy: |  |
| What is the amount held for incidentals upon check-in? |  |
| The property accepts direct billing (master account): | [ ]  Yes (see RFP section 2.1, Program, Payment) |
| Please indicate which date(s) you are offering for theprogram: |
| **Dates** | **Yes** | **No** |
| 1st choice: April 21 – 25, 2026 | [ ]  | [ ]  |
| 2nd choice: April 14 – 18, 2026 | [ ]  | [ ]  |
| 3rd choice: April 26 – 30, 2026 | [ ]  | [ ]  |

1. **Propose sleeping room schedule**. Enter “n/a” for any items that are not applicable. Please note the Judicial Council’s budgeted 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. However please submit hotel’s best available rate if the budgeted sleeping room unit rate listed on the RFP in section 2 cannot be accommodated.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1st choice Dates** | **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 room rate (w/ applicable taxes and/or surcharges)** |
| April 21, 2026 | Single Occupancy | 10 |  |  |  |
| April 22, 2026 | Single Occupancy | 150 |  |  |  |
| April 23, 2026 | Single Occupancy | 150 |  |  |  |
| April 24, 2026 | Single Occupancy | 2 |  |  |  |
| April 25, 2026 | Check-out | Check out |  |  |  |
|  |  | 312 |  |  |  |

|  |  |
| --- | --- |
| Propose the cut-off date for reservations: |  |

1. **Confirm if hotel accepts the transient occupancy tax waiver**. Propose the dollar amount for the applicable taxes and/or surcharges below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Number | Type | **Yes** | **No** | **Dollar Amount****(Do not enter percentage)** |
| a. | Does hotel/motel accept transient occupancy tax waiver (exemption certificate for state agencies)? | [ ]  | [ ]  |  |
| b. | Occupancy Tax: |  |  | $ |
| c. | Tourism, State Tax or Surcharge: |  |  | $ |
| d. | Tourism, State Tax or Surcharge: |  |  | $ |
| e. | Total Taxes and Surcharges: |  |  | **$** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2nd choice Dates** | **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 room rate (w/ applicable taxes and/or surcharges)** |
| April 14, 2026 | Single Occupancy | 10 |  |  |  |
| April 15, 2026 | Single Occupancy | 150 |  |  |  |
| April 16, 2026 | Single Occupancy | 150 |  |  |  |
| April 17, 2026 | Single Occupancy | 2 |  |  |  |
| April 18, 2026 | Check-out | Check out |  |  |  |
|  |  | 312 |  |  |  |

|  |  |
| --- | --- |
| Propose the cut-off date for reservations: |  |

1. **Confirm if hotel accepts the transient occupancy tax waiver**. Propose the dollar amount for the applicable taxes and/or surcharges below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Number | Type | **Yes** | **No** | **Dollar Amount****(Do not enter percentage)** |
| a. | Does hotel/motel accept transient occupancy tax waiver (exemption certificate for state agencies)? | [ ]  | [ ]  |  |
| b. | Occupancy Tax: |  |  | $ |
| c. | Tourism, State Tax or Surcharge: |  |  | $ |
| d. | Tourism, State Tax or Surcharge: |  |  | $ |
| e. | Total Taxes and Surcharges: |  |  | **$** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3rd choice Dates** | **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 room rate (w/ applicable taxes and/or surcharges)** |
| April 26, 2026 | Single Occupancy | 10 |  |  |  |
| April 27, 2026 | Single Occupancy | 150 |  |  |  |
| April 28, 2026 | Single Occupancy | 150 |  |  |  |
| April 29, 2026 | Single Occupancy | 2 |  |  |  |
| April 30, 2026 | Check-out | Check out |  |  |  |
|  |  | 312 |  |  |  |

|  |  |
| --- | --- |
| Propose the cut-off date for reservations: |  |

1. **Confirm if hotel accepts the transient occupancy tax waiver**. Propose the dollar amount for the applicable taxes and/or surcharges below.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Number | Type | **Yes** | **No** | **Dollar Amount****(Do not enter percentage)** |
| a. | Does hotel/motel accept transient occupancy tax waiver (exemption certificate for state agencies)? | [ ]  | [ ]  |  |
| b. | Occupancy Tax: |  |  | $ |
| c. | Tourism, State Tax or Surcharge: |  |  | $ |
| d. | Tourism, State Tax or Surcharge: |  |  | $ |
| e. | Total Taxes and Surcharges: |  |  | **$** |

1. **Estimated Meeting and Function Room Block.**

Propose meeting and function rooms schedule, including the date, time, and a description of the set is detailed below. Please add the function room name, any odd shapes, angles, pillars and other salient characteristics. Enter “n/a” for any items that are not applicable. ***\*Include floor plan, capacity chart, and fit to scale diagrams.\****

| **Day/Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name** |
| --- | --- | --- | --- | --- |
| **Day 1 – Tuesday, April 21 or April 14 or Sunday, April 26 – SET UP ONLY – No Meetings.****The rooms on Day 1 will be used whole week and require to be held on 24 hr. hold every day** |
| Noon – 24 hr. hold | Staff Office | 1 round with 5 chairs and 6 tables around perimeter of the room with 1 chair each. | 5 |  |
| Noon – 24 hr. hold | Staff Office 2 | 1 round with 5 chairs and 2 tables around perimeter of the room with 1 chair each. | 4 |  |
| Noon – 24 hr. hold | Staff Office 3 | 1 round with 5 chairs and 2 tables around perimeter of the room with 1 chair each. | 4 |  |
| Noon – 24 hr. hold | AV Storage | **Same level as all meeting rooms.**4 tables around perimeter of the room with 1 chair each | 4 |  |
| Noon – 24 hr. hold | Faculty Room | 2 rounds with 5 chairs each | 10 |  |
| Noon – 24 hr. hold | Registration Desk | 2 6ft tables with 2 classroom tables in the back for materials | 4 |  |
| Noon – 24 hr. hold | General session and reuse for Breakout | Crescent rounds of 6. Riser with panel table for 3-5 ppl. Podium on a riser.***Provide fit to scale diagram*** | 175 |  |
| Noon – 24 hr. hold | Breakout 1 | Crescent rounds of 5. Headtable for 3.***Provide fit to scale diagram*** | 35 |  |
| Noon – 24 hr. hold | Breakout 2 | Crescent rounds of 5. Headtable for 3.***Provide fit to scale diagram*** | 35 |  |
| Noon – 24 hr. hold | Breakout 3 | Crescent rounds of 5. Headtable for 3.***Provide fit to scale diagram*** | 35 |  |
| Noon – 24 hr. hold | Breakout 4 | Crescent rounds of 5. Headtable for 3.***Provide fit to scale diagram*** | 35 |  |
| Noon – 24 hr. hold | Breakout 5 | Crescent rounds of 5. Headtable for 3.***Provide fit to scale diagram*** | 35 |  |
| **Date 2 – Wed, April 22 or April 15 or Monday, April 27 (1st day of the program)** **NO F&B on Day 2** |
| 24 hr. hold | Staff Office | Existing set up | 5 |  |
| 24 hr. hold | Staff Office 2 | 1 round with 5 chairs and 2 tables around perimeter of the room with 1 chair each. | 4 |  |
| 24 hr. hold | Staff Office 3 | 1 round with 5 chairs and 2 tables around perimeter of the room with 1 chair each. | 4 |  |
| 24 hr. hold | AV Storage | Existing set up | 4 |  |
| 24 hr. hold | Faculty Room | Existing set up | 10 |  |
| 24 hr. hold | Registration Desk | Existing set up | 4 |  |
| 24 hr. hold | General session and reuse for Breakout | Existing set up | 175 |  |
| 24 hr. hold | Breakout 1 | Existing set up | 35 |  |
| 24 hr. hold | Breakout 2 | Existing set up | 35 |  |
| 24 hr. hold | Breakout 3 | Existing set up | 35 |  |
| 24 hr. hold | Breakout 4 | Existing set up | 35 |  |
| 24 hr. hold | Breakout 5 | Existing set up | 35 |  |
| **Date 3 – Thu, April 23 or April 16 or Tue, April 28 (2nd day of the program)****Breakfast and Lunch****The GS room cannot be used for Breakfast or Lunch.**  |
| 24 hr. hold | Staff Office | Existing set up | 5 |  |
| 24 hr. hold | Staff Office 2 | 1 round with 5 chairs and 2 tables around perimeter of the room with 1 chair each. | 4 |  |
| 24 hr. hold | Staff Office 3 | 1 round with 5 chairs and 2 tables around perimeter of the room with 1 chair each. | 4 |  |
| 24 hr. hold | AV Storage | Existing set up | 4 |  |
| 24 hr. hold | Faculty Room | Existing set up | 10 |  |
| 24 hr. hold | Registration Desk | Existing set up | 4 |  |
| 24 hr. hold | General session and reuse for Breakout(no meals in GS room) | Existing set up | 175 |  |
| 24 hr. hold | Breakout 1 | Existing set up | 35 |  |
| 24 hr. hold | Breakout 2 | Existing set up | 35 |  |
| 24 hr. hold | Breakout 3 | Existing set up | 35 |  |
| 24 hr. hold | Breakout 4 | Existing set up | 35 |  |
| 24 hr. hold | Breakout 5 | Existing set up | 35 |  |
| 6:00am – 24 hr. hold | Meal Room: Breakfast and Lunch | Rounds of 10. Riser with head table for 3. ***Provide fit to scale diagram*** | 200 |  |
| **Date 4 – Fri, April 24 or April 17 or Wed, April 29 (last day of the program)****The program ends at 1:00 pm****AV Strike all rooms 1:00pm – 6:00pm** |
| 24 hr. hold to 2:00 pm | Staff Office | Existing set up | 5 |  |
| 24 hr. hold to 2:00 pm | Staff Office 2 | 1 round with 5 chairs and 2 tables around perimeter of the room with 1 chair each. | 4 |  |
| 24 hr. hold to 2:00 pm | Staff Office 3 | 1 round with 5 chairs and 2 tables around perimeter of the room with 1 chair each. | 4 |  |
| 24 hr. hold till next day 10:00 am | AV Storage | Existing set up | 4 |  |
| 24 hr. hold to 2:00 pm | Faculty Room | Existing set up | 10 |  |
| 24 hr. hold to 2:00 pm | Registration Desk | Existing set up | 4 |  |
| 24 hr. hold – 5:00 pm | General session and reuse for Breakout(no meals in GS room) | Existing set up | 175 |  |
| 24 hr. hold – 5:00 pm | Breakout 1 | Existing set up | 35 |  |
| 24 hr. hold – 5:00 pm | Breakout 2 | Existing set up | 35 |  |
| 24 hr. hold – 5:00 pm | Breakout 3 | Existing set up | 35 |  |
| 24 hr. hold – 5:00 pm | Breakout 4 | Existing set up | 35 |  |
| 24 hr. hold – 5:00 pm | Breakout 5 | Existing set up | 35 |  |
| 24 hr. hold – 1:00 pm | Meal Room: Breakfast | Rounds of 10. Riser with head table for 3.  | 200 |  |

Can the Program bring its own audio-visual equipment at no additional charge? The equipment is property of the State of California and the AV staff that will bring the equipment and set up and use the equipment during the program will be Judicial Council employees. NO THIRD PARTIES WILL BE USED.

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |

**Please include an audio-visual price list sheet with this proposal for the Program.**

1. **Propose meeting and function room rates.** Please note the Judicial Council’s maximum meeting room rental as indicated on the RFP in Section 2. Maximum meeting room rental must not exceed $10,000 inclusive of tax and service charges.

| Based Upon Percentage of Block | Meeting Room Rental Rates (Inclusive of tax and service charges) |
| --- | --- |
| If the total sleeping rooms occupied equals 80-100% of the total sleeping rooms blocked. | Complimentary |
| If the total sleeping rooms occupied equals 70–79% of the total sleeping rooms blocked. |  |
| If the total sleeping rooms occupied equals 60–69% of the total sleeping rooms blocked. |  |
| If the total sleeping rooms occupied equals 59% or less of the total sleeping rooms blocked. |  |

1. **Propose termination fee and corresponding effective deadline date**. Please note the Judicial Council’s maximum termination fee as indicated on the RFP in Section 2. Maximum termination fees must not exceed $10,000 inclusive of tax and service charges.

| Item Number | **Termination** | **Effective** **Deadline Date** | **Termination Fee (Inclusive of tax and service charges)** |
| --- | --- | --- | --- |
| a. | Effective on or before: |  |  |
| b. | Effective on or before: |  |  |
| c. | Effective on or before: |  |  |
| d. | Effective on or after: |  |  |

1. **Propose food and beverage schedule, including specific menus provided for the unit price**. Please note the Judicial Council’s budgeted food and beverage unit rates for group meals, *inclusive of tax and service charge*, as indicated on the RFP in Section 2.
	1. Provide **detailed** customized menu description in the grid below.
	2. All rates are **inclusive** of tax and service charge.
	3. F&B minimum is not allowed – per person unit rates only.
	4. ***Please submit hotel’s best pricing if the budgeted rates cannot be accommodated.***

| **Type of Group Meal** | Food and Beverage MenuPlease provide the customized menu selection that will be provide for each meal and not just the menu title.  | Estimated Number of Meals | **Inclusive Price per person** |
| --- | --- | --- | --- |
| **Date 3** |
| Hot Breakfast Buffet$25.00 pp inclusive of tax and service fee **or best available rate** | Type here detailed customized menu | 197 | $25.00 |
| AM Coffee/Tea Service$8.00 inclusive of tax and service fee | Type here detailed customized menu | 197 | $8.00 |
| Plated Lunch only (no buffet)$40.00 pp inclusive of tax and service fee **or best available rate** | Type here detailed customized menu | 197 | $40.00 |
| **Date 4** |
| Hot Breakfast Buffet$25.00 pp inclusive of tax and service fee **or best available rate** | Type here detailed customized menu | 197 | $25.00 |
| AM Coffee/Tea Service$8.00 inclusive of tax and service fee | Type here detailed customized menu | 197 | $8.00 |

1. **Other Program Needs.**
	1. **Propose parking price schedule, number of parking passes, discounted passes and parking rate inclusive of any service charges, 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 internet connection pricing.**

|  |  |
| --- | --- |
| Basic Wi-Fi rate in guest rooms: | complimentary |
| Basic Wi-Fi rate in meeting rooms for all attendees for the duration of the Program: | complimentary |

* 1. **Propose concessions** (identify if included in other proposed pricing):

| Item No. | **Description** | **Approved (please note if approved)** | **Alternative** |
| --- | --- | --- | --- |
| 1. | Complimentary room policy – please indicate how many actualized room nights will earn 1 complimentary room night. |  |  |
| 2. | Complimentary guest room internet |  |  |
| 3. | 5 complimentary parking for event staff daily |  |  |
| 4. | 2-week cut-off |  |  |
| 5. | Waive urban, resort and/or destination fees |  |  |
| 6. | 10 Complimentary Wireless Internet for Registration and Offices |  |  |
| 7. | Complimentary basic Wireless Internet in the meeting space for the group |  |  |
| 8. | Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff |  |  |
| 9. | 15 Complimentary easels |  |  |
| 10. | 6 Complimentary risers and podiums |  |  |
| 11. | Complimentary rekey for offices: 3 keys per room |  |  |
|  | **Additional concessions:** |  |  |
|  | Complimentary airport shuttle |  |  |
|  | Complimentary meeting room rental with 80 – 100% pick up |  |  |
|  | CVB incentive to master account |  |  |

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.

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

Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_.

|  |
| --- |
| BY *(Authorized Signature)* |
|   |
| PRINTED NAME OF PERSON SIGNING  |
|  |
| TITLE OF PERSON SIGNING |
|  |

**END OF ATTACHMENT**