**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 |  |

|  |  |  |
| --- | --- | --- |
| **Dates – not flexible** | **Yes** | **No** |
| May 19 – 23, 2024Preferred date  |  |  |
| April 28 – May 2, 2024Second option |  |  |

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

1. 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 $110.00 or best available**

| Date May 19 – 23, 2024 or April 28 – May 2, 2024 | 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**  | **Single Occupancy** | **65** |  |  |  |
| **Monday**  | **Single Occupancy** | **64** |  |  |  |
| **Tuesday**  | **Single Occupancy** | **64** |  |  |  |
| **Wednesday**  | **Single Occupancy** | **64** |  |  |  |
| **Thursday** | **Check-out**  | **0** |  |  |  |
|  |  | **257** |  |  |  |

Are Meeting and 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 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 |  |  | $Add dollar amount ***only if tax isn’t waived*** |
| c. | Tourism Fee (TID) |  |  | $Add dollar amount  |
| e.  | CA Assessment Fee  |  |  | $Add dollar amount |

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  | Oversize vehicles/SUV  | In/Out Privileges |
| --- | --- | --- | --- | --- |
| 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. |  |  |
| 3. | Complimentary internet in guest rooms |  |  |
| 4.  | 3-week cut-off  |  |  |
| 5. | Complimentary parking  |  |  |
| 6.  | Complimentary breakfast  |  |  |
| 7. | Waived urban/resort fee’s |  |  |
|  | **Additional concessions:**  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Complimentary hotel airport shuttle?**  | **Yes** | **No** |
|  |  |  |

**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: |  |  |  |