**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 |  |

|  |  |  |
| --- | --- | --- |
| **Billing**  | **Yes** | **No** |
|  |  |  |
| Does the property accept direct billing (master account)?  |  |  |

Please indicate which date(s) you are

offering for the program

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| September 23 – 26, 2024 |  |  |
| September 30 – October 3, 2024 |  |  |

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

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

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable. Please note the Judicial Council’s maximum 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, as set forth below. However please submit hotel’s best available rate if the county maximum listed below cannot be accommodated.

| 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 &CA Assessment **Only**  |
| --- | --- | --- | --- | --- | --- |
| Monday  | Single Occupancy | 55 |  |  |  |
| Tuesday | Single Occupancy | 55 |  |  |  |
| Wednesday | Single Occupancy | 55 |  |  |  |
| Thursday | Check-out | Check-out |  |  |  |
|  |  |  165 |  |  |  |

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

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

Propose the reservation cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 AmountDo not add percentage |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Tourism Surcharge: |  |  | $ |
| c. | CA Assessment Fee: |  |  | $ |
|  | Total Surcharge Fee’s (do not include sales tax) |  |  | $ |

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

| Parking Rate | Valet Parking Rate  | Self-Parking Rate  | In/Out Privileges |
| --- | --- | --- | --- |
| Discounted Parking Group Rate |  |  |  |
| Normal Hotel Parking 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 Guest Room Internet |  |  |
| 3.  | Waived Urban or Resort Fee  |  |  |
| 4. | Complimentary breakfast  |  |  |
| 5. | Complimentary parking  |  |  |
| 6. | Airport shuttle  |  |  |
| 7. | 3-week cut-off  |  |  |
|  | **Additional concessions:**  |  |  |
|  |  |  |  |

**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: |  |  |  |