**Attachment 5**

**Submission Form for**

**Technical & Cost Proposal**

**(Full Service)**

1. Proposer’s name, address, telephone, 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 |  |

**Please indicate which date(s) you are offering for the program.**

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

|  |  |  |
| --- | --- | --- |
| **Program date:**  | **Yes** | **No** |
| 1st Choice: **October 10 – 13, 2023**  |  |  |
| 2nd Choice: **October 17 – 20, 2023** |  |  |

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

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, square footage, noting dimensions, any odd shapes, angles, pillars and other salient characteristics). Enter “n/a” for any items that are not applicable.

**Program days will be as follows:**

**Day 1:** Tuesday, October 10, 2023, or Tuesday, October 17, 2023 – Set up only

**Day 2:** Wednesday, October 11, 2023, or Wednesday, October 18, 2023 *(Day 1 of the actual program starting at 7:00 a.m.)*

**Day 3:** Thursday, October 12, 2023, or Thursday, October 19, 2023 *(Day 2 of the program starting at 7:00 a.m.)*

**Day 4:** Friday, October 13, 2023, or Friday, October 20, 2023 *(Day 3 of the program starting at 7:00 a.m. – 1:00 p.m.)*

| **Day/ Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name****Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Day 1: Set up day – no meetings The rooms on day one will be used all week and require to be held on 24 hr. hold every day** |
| 2:00 p.m.- 24 hr. hold  | Meeting Planner office  | Conference or existing boardroom  | 6 |  |
| 2:00 p.m.- 24 hr. hold  | CJER Staff Office  | 1 round with 5 chairs, 2 6ft tables with 1 chair near outlet, and3 6’ft tables against the wall  | 5 |  |
| 12:00 p.m.- 24 hr. hold | AV Storage room  | A room that can be rekeyed w/o air-walls and not a guest room. Located near the meeting space or service elevator and in the same tower/building if applicable | 3 |  |
| 5:00 p.m.- 24 hr. hold  | Faculty Room  | Two rounds of 5  | 10  |  |
| 5:00 p.m.- 24 hr. hold  | CHP Command Center | 3 6ft tables around perimeter of the room with 2 rounds of 8 middle of the room. Enough space for banquets to deliver all meals, located on the same floor as the meeting rooms, no air walls and no back of the house entrance.**\*Provide fit to scale diagram\***  | 10 |  |
| 5:00 p.m.- 24 hr. hold  | Registration  | 4 6ft tables  |  4 |  |
| 2:00 p.m.- 24 hr. hold  | General Session | Crescent rounds of 6 – 7Riser for panel 3 – 5 pplPodium and US/CA flags on a riser.***We can reuse this room for one of the breakouts, but it cannot be used for meals* \*Provide fit to scale diagram\*** | 100 |  |
| 2:00 p.m.- 24 hr. hold  | Breakout 1 | Crescent rounds of 6– 7Head table for 3**\*Provide fit to scale diagram\***  | 50 |  |
| 2:00 p.m.- 24 hr. hold  | Breakout 2 | Crescent rounds of 6– 7Head table for 3**\*Provide fit to scale diagram\***  | 50 |  |
| 2:00 p.m.- 24 hr. hold  | Breakout 3 | Crescent rounds of 6– 7Head table for 3**\*Provide fit to scale diagram\***  | 50 |  |
| **Date 2 (first day of the program)** |
| 24 hr. hold | Meeting Planner office  | Existing set up  | 6 |  |
| 24 hr. hold | CJER Staff Office  | Existing set up  | 5 |  |
| 24 hr. hold | AV Storage room  | Existing set up  | 3 |  |
| 24 hr. hold | Faculty Room  | Existing set up  | 10  |  |
| 24 hr. hold | CHP Command Center | Existing set up  | 10 |  |
| 24 hr. hold | Registration  | Existing set up  |  4 |  |
| 7:00 a.m. – 24 hr. hold | VIP Green Room | 1 round with 2 executive chairs near meeting rooms | 2 |  |
| 24 hr. hold | General Session | Existing set up  | 100 |  |
| 24 hr. hold | Breakout 1 | Existing set up  | 50 |  |
| 24 hr. hold | Breakout 2 | Existing set up  | 50 |  |
| 24 hr. hold | Breakout 3 | Existing set up  | 50 |  |
| 6:00 a.m. – 24 hr. hold | Meal room: Breakfast and Lunch  | Rounds of 10Riser with head table for 3. Podium**\*Provide fit to scale diagram\***  | 38 |  |
| 10:00 a.m. – 10:30 a.m. | AM Coffee Service | Meal room or meeting room foyer, whichever is closest to General session | 38 |  |
| **Date 3 (second day of the program)** |
| 24 hr. hold | Meeting Planner office  | Existing set up  | 6 |  |
| 24 hr. hold | CJER Staff Office  | Existing set up  | 5 |  |
| 24 hr. hold | AV Storage room  | Existing set up  | 3 |  |
| 24 hr. hold | Faculty Room  | Existing set up  | 10  |  |
| 24 hr. hold | CHP Command Center | Existing set up  | 10 |  |
| 24 hr. hold | Registration  | Existing set up  |  4 |  |
| 24 hr. hold | VIP Green Room | 1 round with 2 executive chairs near meeting rooms | 2 |  |
| 24 hr. hold | General Session | Existing set up  | 100 |  |
| 24 hr. hold | Breakout 1 | Existing set up  | 50 |  |
| 24 hr. hold | Breakout 2 | Existing set up  | 40 |  |
| 24 hr. hold | Breakout 3 | Existing set up  | 25 |  |
| 24 hr. hold | Meal room: Breakfast and Lunch  | Rounds of 10Riser with head table for 3. Podium**\*Provide fit to scale diagram\***  | 121 |  |
| 10:00 a.m. – 10:30 a.m. | AM Coffee Service | Existing set up | 121 |  |
| **Date 4 (last day of the program)****The program ends at 1:00 p.m. and AV strike: 1 p.m. – 5 p.m.** |
| 24 hr. hold to 5:00 p.m. | Meeting Planner & registration staff office  | Existing set up  | 6 |  |
| 24 hr. hold to 5:00 p.m. | CJER Staff Office  | Existing set up  | 5 |  |
| 24 hr. hold to 10:00 a.m. Saturday | AV Storage room  | Existing set up  | 3 |  |
| 24 hr. hold to 5:00 p.m. | Faculty Room  | Existing set up  | 10  |  |
| 24 hr. hold to 5:00 p.m. | CHP Command Center | Existing set up  | 10 |  |
| 24 hr. hold to 5:00 p.m. | Registration  | Existing set up  |  4 |  |
| 24 hr. hold to 5:00 p.m. | General Session | Existing set up  | 100 |  |
| 24 hr. hold to 5:00 p.m. | Breakout 1 | Existing set up  | 50 |  |
| 24 hr. hold to 5:00 p.m. | Breakout 2 | Existing set up  | 40 |  |
| 24 hr. hold to 5:00 p.m. | Breakout 3 | Existing set up  | 25 |  |
| 6:00 a.m. – 10:00 a.m. | Meal room: Breakfast | Existing set up  | 121 |  |
| 10:00 a.m. – 10:30 a.m. | AM Coffee Service | Existing set up  | 121 |  |

Are Meeting and Function Rooms compliant with American Disabilities Act (ADA)?

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

 Can the Program use 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, set up and use during the program will be Judicial Council employees.*

*NO THIRD PARTIES WILL BE USED*

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

In lieu of in-person site visits, is a site inspection video that shows and describes the guest rooms, meeting rooms, and hotel outlets available? if so, please provide the link below.

If a video is not available, is a site selection tour through a video conferencing service available?

**Please explain:**

1. Propose Meeting and Function Room Rates. Please note the maximum $10,000.00 Meeting Room Rental as indicated on the RFP in Section 2.

| Based Upon Percentage of Block | Inclusive Meeting Room Rental Rates |
| --- | --- |
| 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 maximum $10,000.00 Termination Fee as indicated on the RFP in Section 2:

| Item Number | Termination  | Effective Deadline Date | Inclusive Termination Fees |
| --- | --- | --- | --- |
| 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 indicated on the Form for Submission of Cost Pricing.
* Provide **detailed** customized menu description in the grid below.
* All rates are **inclusive** of tax and service fee.
* The rates are not flexible and cannot go over the maximum allowance.
* F&B minimum is not allowed – per person unit rates only.

| **Type of Group Meal** | Food and Beverage MenuProvide detailed customized menus | Estimated Number of Meals | **Inclusive Price per person** |
| --- | --- | --- | --- |
| **Date 2** |
| Hot Breakfast Buffet $25.00 pp inclusive of tax and service fee  |  |  38 |  |
| AM Coffee Service ***(coffee and tea only)*** $8.00 inclusive of tax and service fee  |  | 38 |  |
| Lunch – plated only. No buffet (lunch presentation) $40.00 pp inclusive of tax and service fee  |  | 38 |  |
| **Date 3** |
| Hot Breakfast Buffet$25.00 pp inclusive of tax and service fee  |  |  121 |  |
| AM Coffee Service ***(coffee and tea only)*** $8.00 inclusive of tax and service fee  |  |  121 |  |
| Lunch – plated only. No buffet (lunch presentation) $40.00 pp inclusive of tax and service fee  |  |  121 |  |
| **Date 4** |
| Hot breakfast Buffet $25.00 pp inclusive of tax and service fee  |  | 121 |  |
| AM Coffee Service ***(coffee and tea only)***$8.00 inclusive of tax and service fee |  | 121 |  |

|  |  |
| --- | --- |
| **Does the hotel have a coffee shop?**  |  |
| **Coffee shop hours:**  |  |
| **Is it a full-service coffee shop or other? Please describe and provide name** |  |
| **Does the hotel offer a room service?** |  |
| **Room service hours:** |  |

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable.

**1st Choice dates:**

| 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 with surcharges and/or occupancy tax (only include the occupancy tax if the State occupancy tax waiver is not applicable)** |
| --- | --- | --- | --- | --- | --- |
| October 10, 2023 | Single/Double Occupancy | 44 |  |  |  |
| October 11, 2023 | Single/Double Occupancy | 86 |  |  |  |
| October 12, 2023 | Single/Double Occupancy | 86 |  |  |  |
| October 13, 2023 | Single/Double OccupancyCheck - out | 2 |  |  |  |
|  |  | 218 |  |  |  |

Propose the cut-off date for reservations (3 weeks prior to arrival): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2nd Choice dates:**

| 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 with surcharges and/or occupancy tax (only include the occupancy tax if the State occupancy tax waiver is not applicable)** |
| --- | --- | --- | --- | --- | --- |
| October 17, 2023 | Single/Double Occupancy | 44 |  |  |  |
| October 18, 2023 | Single/Double Occupancy | 86 |  |  |  |
| October 19, 2023 | Single/Double Occupancy | 86 |  |  |  |
| October 20, 2023 | Single/Double OccupancyCheck - out | 2 |  |  |  |
|  |  | 218 |  |  |  |

 Propose the cut-off date for reservations (3 weeks prior to arrival): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are 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: |  |  | $ |
| c. | Tourism (TID)  |  |  | $ |
| d. | Other Surcharge (add name) \_\_\_\_\_\_\_ |  |  | $ |

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 | # of Comp 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 pricing.**
* What are the daily charges for an individual computer connected to the Internet in meeting rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Propose basic Wi-Fi package rate for 100 people for 3 days plus tax and service fee:
1. **Other Program Needs (identify if included in other proposed pricing):**

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1. | (10) Complimentary easel stands  |  |  |
| 2. | (6) Complimentary basic Wireless Internet for Registration and Offices |  |  |
| 3. | (1) Complimentary white board |  |  |
| 4. | Staff Office, AV storage area, Meeting Planner office, VIP green room and CHP office on total lock out – complimentary lock out and 2 keys for each room for JCC staff |  |  |
| 5. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room |  |  |
| 6. | Complimentary risers and podiums |  |  |
| 7. | Complimentary basic Wi-Fi in meeting rooms and guest rooms |  |  |
| 8. | (5) access to Concierge Lounge |  |  |
| 9. | (10) complimentary parking |  |  |
| 10. | 3-week cut-off date: |  |  |
| 11. | Complimentary hand sanitizer station inside each meeting room |  |  |
|  | **Additional concessions provided by the hotel:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please provide the following with your proposal:**

* **Floor plans and capacity charts**
* **Fit to scale diagrams as indicated in section B Meeting and Function Room Block**
* **Customized menus**
* **Sanitation protocols related to Covid-19**
* **Covid-19 duty of care questionnaire**
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: |  |  |  |
|  | Signature |  | Print Name |
| Title: |  |  |  |