**Attachment 5**

**Submission Form for**

**Technical & Cost Proposal**

**(Full Service)**

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 |  |

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

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| January 20 – 22, 2016 |  |  |

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.

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name****Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Date 1: Wednesday, January 20, 2016– Set up only no program** |
| 3:00 p.m. – 24 hr hold through 2:00 p.m. on Friday, January 22nd | Staff office  | Board room or conference set up | 10  |  |
| 3:00 p.m. – 24 hr hold through 3:00 p.m. on Friday, January 22  | AV Storage Room –.  | Empty room We need a room that can be rekeyed and no air walls. The AV room cannot be shared with the staff office.  |  |  |
| 6:00 p.m. – 24 hr hold through 3:00 p.m. on Friday, Jan 22nd. | Registration Desk  | 2 six foot tables, 4 chairs, 2 school room tables against the wall for materials  | Flow  |  |
| 5:00 p.m. – 24 hr hold through 3:00 p.m. on Friday, Jan 22nd | General Session  | 24 crescent rounds of 6, Riser, Head table for 10, podium**\*Include fit to scale diagram with proposal\*** | 140 |  |
| 5:00 p.m. – 24 hr hold through 3:00 p.m. on Friday, Jan 22nd | Breakout #1 | 12 Crescent rounds of 6Head table for 8 and podium.  **\*Include fit to scale diagram with proposal\*** | 70 |  |
| 5:00 p.m. – 24 hr hold through 3:00 p.m. on Friday, Jan 22nd | Breakout #2 | 12 Crescent rounds of 6Head table for 8 and podium.  **\*Include fit to scale diagram with proposal\*** | 70 |  |
| 10:00 p.m. - 24 hr hold through 2:00 p.m. on Friday, Jan 22nd | Adhoc meeting #1 | Hollow Square  | 25 |  |
| 10:00 p.m. - 24 hr hold through 12:30 p.m. on Friday, Jan 22nd | Adhoc meeting #2 | 10 Crescent rounds of 6 | 60 |  |
| **Date 2: Thursday, January 21, 2016 (meeting hours: 8:00 a.m. – 6:00 p.m.)** |
| 7:00 a.m. – 24 hr hold  | Registration Desk  | Existing set up | Flow  |  |
| 7:00 a.m. – 24 hr hold  | General Session  | Existing set up | 140 |  |
| 7:00 a.m. – 24 hr hold  | Breakout #1 | Existing set up | 70 |  |
| 7:00 a.m. – 24 hr hold  | Breakout #2 | Existing set up | 70 |  |
| 7:00 a.m. – 24 hr hold  | Adhoc meeting #1 | Existing set up | 25 |  |
| 7:00 a.m. – 24 hr hold  | Adhoc meeting #2 | Existing set up | 60 |  |
| **Date 2: Friday, January 22, 2016 (meeting hours: 7:00 a.m. – 1:00 p.m.)**  |
| 7:00 – 8:00 a.m.  | Breakfast  | Ballroom Foyer or separate meal room – attendees will arrive at various times. The room **does not** have to fit 140 in rounds of 10. | 90 -110 |  |
| 7:00 a.m. – 3:00 p.m. | General Session  | Existing set up | 140 |  |
| 7:00 a.m. – 3:00 p.m. | Breakout #1 | Existing set up | 70 |  |
| 7:00 a.m. – 3:00 p.m. | Breakout #2 | Existing set up | 70 |  |
| 7:00 a.m. – 2:00 p.m.  | Adhoc meeting #1 | Existing set up | 25 |  |
| 7:00 a.m. – 12:30 p.m.  | Adhoc meeting #2 | Existing set up | 60 |  |
| 10:00 – 10:30 p.m.  | Coffee Break  | General Session Foyer  | 140 |  |

 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?

|  |  |
| --- | --- |
| 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 maximum 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 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.

| Type of Group Meal | **Food and Beverage Menu****Please provide the menu selection that will be provide for each meal and not just the menu title**.  | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Friday, January 22, 2015** |
| Breakfast Buffet w/ a hot protein  |  | 140 |  |
| Coffee/Tea Service only (no food) |  | 140 |  |

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

| 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**  |
| --- | --- | --- | --- | --- | --- |
| Wednesday, January 20, 2016 | Single/Double Occupancy | 25 |  |  |  |
| Thursday, January 21, 2016 | Single/Double Occupancy | 110 |  |  |  |
| Friday, January 22, 2016 | Check-out | 0 |  |  |  |
| 135 |  | 135 |  |  |  |

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

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

Requesting 3 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 | PercentageRate  | Dollar Amount |
| --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |
| b. | Occupancy Tax rate: |  |  |  | $ |
| c. | Tourism, State Tax or Surcharge: |  |  |  | $ |
| d. | Tourism, State Tax or Surcharge: |  |  |  | $ |

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 | 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 High speed internet connection pricing.
* What are the daily charges for an individual computer connected to the Internet in meeting rooms?
	+ - Basic Web Pages: $
		- Standard definition for streaming videos: $

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

1. Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1. | Complimentary Registration area telephone |  |  |
| 2. | (5)Complimentary easels |  |  |
| 3. | (5) Complimentary wireless Internet for Registration, Staff Office and faculty room |  |  |
| 4. | Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff |  |  |
| 5. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 6. | Contracted rate available two days pre/post |  |  |
| 7. | 3 week cut off  |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Does the hotel have a coffee shop?**  |  |
| **Coffee shop hours:**  |  |

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.

|  |
| --- |
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**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.

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

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