**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** |
| Aug 22 - 25, 2017  (Dates are not flexible) |  |  |

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

|  |  |  |
| --- | --- | --- |
|  | **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.

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name**  **Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Tuesday, Aug 22, 2017 Set up only no program** | | | | |
| 6:00 p.m. – 24 hr hold through 2:00 p.m.  on Friday | Staff office | Board room or conference set up | 10 |  |
| 6:00 p.m. – 24 hr hold through 2:00 p.m.  on Friday | AV Storage Room –. | Empty room  We need a room that can be rekeyed and w/ no air walls. The AV room cannot be in a guest room. |  |  |
| 6:00 p.m. – 24 hr hold through 2:00 p.m.  on Friday | Registration Desk | 2 six foot tables, 4 chairs, 2 school room tables against the wall for materials | Flow |  |
| 6:00 p.m. – 24 hr hold | Tech Summit General session | crescent rounds of 6, Riser, Head table for 5, podium  **\*Include fit to scale diagram with proposal\*** | 150 |  |
| 6:00 p.m. – 24 hr hold through Friday | Ad Hoc meeting | Crescent rds of 6 | 30 |  |
| **Wednesday, August 23, 2017** | | | | |
| 7:00 a.m. – 5:00 p.m. | Tech Summit General Session | Existing set up | 150 |  |
| 6:00 p.m. – 24 hr  through Friday | Meeting  **Set up only** | Hollow Square | 25 - 30 |  |
| 6:00 p.m. – 24 hr  **\*Meeting will be Thursday 8:00 a.m. – 12:00 p.m. \*** | Tech Summit  Break out #1  **Set up only** | Crescent rds of 6  Riser  Head table for 4, podium | 75 |  |
| 6:00 p.m. – 24 hr  **\*Meeting will be Thursday 8:00 a.m. – 12:00 p.m. \*** | Tech Summit  Break out #2  **Set up only** | Crescent rds of 6  Riser  Head table for 4, podium | 75 |  |
| 6:00 p.m. – 24 hr  **\*Meeting will be Thursday 1:00 p.m. – 5:00 p.m.** | TCPJAC /CEAC General Session  **Set up only**  **\*If needed, a portion of the room can be used as the breakout while the other part is set up for the TCPACJ GS and the hotel will have 1 hr to open the air wall and refresh the room** | 24 crescent rounds of 6, Riser, Head table for 8, podium | 150 |  |
| **Thursday, August 24, 2017** | | | | |
| 7:00 – 9:00 a.m. | Breakfast | Rds of 10  \*Flow arrival - the room does not have to fit 150 | 150 |  |
| 8:00 a.m. – 12:00 p.m. | Tech Summit  Break out #1 | Existing set up | 75 |  |
| 8:00 a.m. – 12:00 p.m. | Tech Summit  Break out #2 | Existing set up | 75 |  |
| 10:00 – 10:30 a.m. | AM Coffee service | Same room as breakfast or ballroom foyer | 150 |  |
| 1:00- 5:00 p.m. | TCPJAC/CEAC General Session | Existing set up | 150 |  |
| 6:00 – 24 hr | TCPJAC Break out #1  **Set up only** | Crescent rds of 6  Riser w. head table for 8  Podium | 80 |  |
| 6:00 – 24 hr | CEAC Break out #2  **Set up only** | Crescent rds of 6  Riser w/ head table for 8 | 80 |  |
| **Friday, August 25, 2017** | | | | |
| 8:00 a.m. – 1:00 p.m. | TCPJAC Break out #1 | Existing set up | 80 |  |
| 8:00 a.m. – 1:00 p.m. | CEAC Break out #2 | Existing set up | 80 |  |
| 7:00 – 9:00 a.m. | Breakfast | Rds of 10  \*Flow arrival - the room does not have to fit 150 | 150 |  |
| 10:00 – 10:30 a.m. | AM Coffee service | Same room as breakfast or ballroom foyer | 150 |  |
| 1:00 – 3:00 p.m. | AV strike of all meeting rooms |  |  |  |

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 |  |

1. Propose Meeting and Function Room Rates. Please note the maximum Meeting Room Rental of $8,000.00 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 |
| --- | --- | --- | --- |
| **Thursday** | | | |
| Breakfast Buffet w/ a hot protein $25.00 inclusive of tax and service charge |  | 150 |  |
| Coffee/Tea Service only (no food)  $8.00 inclusive of tax and service charge |  | 150 |  |
| **Friday** | | | |
| Breakfast Buffet w/ a hot protein $25.00 inclusive of tax and service charge |  | 150 |  |
| Coffee/Tea Service only (no food)  $8.00 inclusive of tax and service charge |  | 150 |  |

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** |
| --- | --- | --- | --- | --- | --- |
| Tuesday, August 22, 2017 | Single/Double Occupancy | 25 |  |  |  |
| Wednesday, August 23, 2017 | Single/Double Occupancy | 140 |  |  |  |
| Thursday, August 24, 2017 | Single/Double Occupancy | 140 |  |  |  |
| Friday | Check-out |  |  |  |  |
| 135 |  | 305 |  |  |  |

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 | Dollar Amount |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate: Add rate only if wavier is not accepted |  |  | $ |
| c. | Tourism |  |  | $ |
| d. | 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 |  |  |
| 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 |  |  |
| 8. | Complimentary risers and podiums |  |  |
|  | **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: |  |  |  |