**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 theprogram  **Dates** | **Yes** | **No** |
| June 2 – 5, 2020 |  |  |
| June 9 – 12, 2020 |  |  |
| June 23 – 26, 2020 |  |  |

|  |  |  |
| --- | --- | --- |
| **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** |
| --- | --- | --- | --- | --- |
| **Day 1 (Tuesday): The rooms on day one will be used on days 1 – 4 (24 hr hold)** | | | | |
|  |  |  |  |  |
| Day 1: 3:00 – 24 hr hold through day 4 until 4:00 p.m. | Staff Office | Conference or Existing Boardroom | 6 |  |
| Day 1: 3:00 – 24 hr hold **through day 5 (Saturday) until 9:00 a.m.** | AV Storage room | A room that can be rekeyed w/o air-wall and preferably not a guest room. Close to the meeting space or service elevator. |  |  |
| Day 1: 3:00 – 24 hr hold through day 4 until 4:00 p.m. | Registration | 2 6ft tables | Flow |  |
| Day 1: 3:00 – 24 hr hold through day 4 until 4:00 p.m. | CFCC Demo area | Ballroom Foyer or near registration  2 – 6ft tables | Flow |  |
| Day 1: 3:00 – 24 hr hold through day 4 until 4:00 p.m. | General Session | Crescent rds 6  Riser for panel for 5  Podium  **\*Provide fit to scale diagram\*** | 120 |  |
| Day 1 starting at 3:00 p.m. -Day 2 at 2:00 p.m. | Pre-Institute | Crescent rds of 5  Head table for 2 – 3 | 40 - 50 |  |
| Day 1: 3:00 – 24 hr hold through day 4 until 4:00 p.m. | Faculty Room | Conference | 10 |  |
| **Date 2 (Wednesday)** | | | | |
| 7:00 a.m. – 2:00 p.m. | Pre-Institute | Existing set up | 40 - 50 |  |
| 7 – 8:30 a.m. | Breakfast | Hotel restaurant breakfast vouchers (max allowance $25.00 inclusive of tax and service fee) or meeting room set up in rounds of 10  Or outdoor space. | 40 |  |
| 10:00 – 10:30 a.m. | AM Coffee Service | Near Pre-Institute meeting room | 40 |  |
| 12:00 – 1:00 p.m. | Lunch | Crescent rds of 10  Same as breakfast room or  ***\*outdoor space is acceptable in covered area or table umbrellas\**** | 40 |  |
| 24 hr hold through day 4 | General Session | Existing set up | 120 |  |
| Day 2: 6:00 a.m.- 24 hr hold | Breakout #1 | Crescent rds of 5 – 6  Head table for 3  **\*Provide fit to scale diagram**  **The GS cannot be reused for the breakout** | 60 |  |
| Day 2: 6:00 a.m.- 24 hr hold | Breakout #2 | Crescent rds of 5 - 6  Head table for 3  **\*Provide fit to scale diagram\*** | 40 |  |
| Day 2: 6:00 a.m.- 24 hr hold | Breakout #3  *\*\*The pre-institute room could be used for this breakout\*\** | Crescent rds of 5 - 6  Head table for 3  **\*Provide fit to scale diagram\*** | 30 |  |
| Day 2: 6:00 a.m.- 24 hr hold | Breakout #4 | Crescent rds of 5 - 6  Head table for 3  **\*Provide fit to scale diagram\*** | 50 - 60 |  |
| **Date 3 (Thursday)** | | | | |
| 7:00 a.m. – 9:00 a.m. 12:00 – 1:00 p.m.  \*hold for 24 hrs for general session through Friday\* | Breakfast, AM coffee service and Lunch (lunch speaker) | Existing set up | 120 |  |
| 24-hour hold | Breakout #1 | Existing set up | 60 |  |
| 24-hour hold | Breakout #2 | Existing set up | 40 |  |
| 24-hour hold | Breakout #3 | Existing set up | 30 |  |
| 24-hour hold | Breakout #4 | Existing set up | 50 - 60 |  |
| 8:00 a.m. – 6:00 p.m. | Roundtable 1 | Conference or boardroom | 10 |  |
| 8:00 a.m. – 6:00 p.m. | Roundtable 2 | Conference or boardroom | 10 |  |
| 8:00 a.m. – 6:00 p.m. | Roundtable 3 | Conference or boardroom | 10 |  |
|  |  |  |  |  |
| **Date 4 (Friday)**  **The program ends at 12:00 p.m.**  **AV strike: 1 – 4 p.m.** | | | | |
| 7:00 – 11:00 a.m. | Breakfast and AM coffee service | Existing set up in the general session room | 120 |  |
| 7:00 a.m. – 12:00 p.m. | General session | Existing set up |  |  |
| 7:00 a.m. – 12:00 p.m. | Breakout #1 | Existing set up | 60 |  |
| 7:00 a.m. – 12:00 p.m. | Breakout #2 | Existing set up | 40 |  |
| 7:00 a.m. – 12:00 p.m. | Breakout #3 | Existing set up | 30 |  |
| 7:00 a.m. – 12:00 p.m. | Breakout #4 | Existing set up | 50 - 60 |  |

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 $10,000.00 maximum Meeting Room Rental as indicated on the RFP in Section 2.

\*\*F&B minimums is **NOT** allowed\*\*

| 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. |  |
| 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 $10,000.00 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 (rates are inclusive and tax and service charge).

\***Provide detailed menu description** – not just the title and do not attach the hotel catering menu unless it’s a customized menu for the Judicial Council branch.

| Type of Group Meal | Food and Beverage Menu | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Date 2** | | | |
| Breakfast Buffet  $25.00 pp |  | 39 |  |
| AM Coffee Service $8.00 pp |  | 39 |  |
| Lunch: Provided plated and buffet options $40.00 |  | 39 |  |
| **Date 3** | | | |
| Breakfast Buffet  $25.00 pp |  | 113 |  |
| AM Coffee Service $8.00 pp |  | 113 |  |
| Lunch: Provided plated and buffet options $40.00 |  | 113 |  |

|  |
| --- |
| **Date 4** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Breakfast Buffet  $25.00 pp |  | 113 |  |
| AM Coffee Service $8.00 pp |  | 113 |  |

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 ONLY** *– do not include taxes & surcharges* | **Confirm daily individual room rate including surcharges (TID).** *Do not add sales tax to the total daily rate unless the county or city is not tax exempt for Gov’t.* |
| --- | --- | --- | --- | --- | --- |
| Date 1 | Single/DoubleOccupancy | 35 |  |  |  |
| Date 2 | Single/DoubleOccupancy | 94 |  |  |  |
| Date 3 | Single/DoubleOccupancy | 93 |  |  |  |
| Date 4 | Check-out | Check out |  |  |  |
|  |  | 222 |  |  |  |

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

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

Propose the cut-off date for reservations (requesting 3 weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 – do not add percentage rate |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate: only add if the city does not accept Gov’t occupancy tax waiver |  |  | $ |
| c. | Tourism/Surcharge: |  |  | $ |
| d. | Tourism/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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Propose daily basic (no streaming) Wi-Fi rate for up to 100 users per day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. | (10) Complimentary easels |  |  |
| 3. | (5) Complimentary Wireless Internet for Registration and Offices |  |  |
| 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. | Complimentary risers and podiums |  |  |
| 7. | (5) Complimentary overnight parking |  |  |
| 8. | Complimentary room rental for 80 – 100% pick-up |  |  |
| 9. | (5) Complimentary use of concierge lounge for event staff |  |  |
| 10. | Complimentary basic Wi-Fi in meeting rooms for up to 100 users per day |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Does the hotel have a coffee shop?** |  |
| **Is it a coffee shop, gift/deli store, or restaurant with to-go coffee service?** |  |
| **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: |  |  |  |