**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) Program date:  | **Yes** | **No** |
| June 14 – 17, 2022 |  |  |
| June 19 – 22, 2022  |  |  |
| June 21 – 24, 2022  |  |  |

|  |  |  |
| --- | --- | --- |
| **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: 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** |
|  |  |  |  |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 2:00 p.m.  | CJER Staff Office  | 2 rounds 3 6’ft against the wall  | 5 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 2:00 p.m. | Meeting Planner & registration staff office  | Conference or existing boardroom  | 6 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 5:00 p.m. | 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 |  |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 2:00 p.m. | Faculty Room  | Two rounds of 5  | 10  |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 2:00 p.m. | Registration  | 2 6ft tables  |  4 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 5:00 p.m. | General Session and reuse for breakout #1 | Crescent rds of 5 - 6Riser for panel 4 pplPodium . ***We can reuse this room for one of the breakouts but it cannot be used for breakfast* \*Provide fit to scale diagram\*** | 70 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 5:00 p.m. | Breakout #2 | Crescent rds of 5 - 6Head table for 3 - 4**\*Provide fit to scale diagram\***  | 25 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 5:00 p.m. | Breakout #3 | Crescent rds of 5 - 6Head table for 3 - 4**\*Provide fit to scale diagram\***  | 25 |  |
| **Date 2 (first day of the programs): NO F&B on day 2** |
| 7:00 a.m. - 24 hr hold through 5:00 p.m. on day 4 | General Session/ Breakout 1 | Existing set up  | 70 |  |
| 7:00 a.m. - 24 hr hold through 5:00 p.m. on day 4 | Breakout 2 | Existing set up  | 25 |  |
| 7:00 a.m. - 24 hr hold through 5:00 p.m. on day 4 | Breakout 3 | Existing set up**\*Provide fit to scale diagram\***  | 25 |  |
| **Date 3 and 4** |
| 7:00 a.m. - 24 hr hold  | General Session/ Breakout 1 | Existing set up  | 70 |  |
| 7:00 a.m. - 24 hr hold | Breakout 2 | Existing set up  | 25 |  |
| 7:00 a.m. - 24 hr hold | Breakout 3 | Existing set up | 25 |  |
| 7:00 a.m. – 8:30 a.m. 10:00 a.m. – 10:30 a.m. **\*Day 3 and 4**  | Meal room: Breakfast and lunch (speaker at lunch)  | Crescent Rounds of 6Riser for panel of 3**\*Provide fit to scale diagram\***  | 78 |  |
| 10:00 – 10:30 a.m. **\*Day 3 and 4** | AM Coffee Service  | Reuse the meal room or set up in the foyer whichever is closest to the general session room |  |  |
| **Date 4 –** **The program ends at 3:00 p.m.** **AV strike: 1 – 5 p.m.**  |

 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. |  |
| 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 Menu**Provide detailed customized menus**  | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Date 3**  |
| Hot Breakfast Buffet or plated only $25.00 pp inclusive of tax and service fee  |  | 78 |  |
| AM Coffee Service ***(coffee and tea only)***$8.00 inclusive of tax and service fee  |  | 78 |  |
| Lunch – plated only. No buffet (lunch presentation) $40.00 pp inclusive of tax and service fee  |  | 78 |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Hot breakfast Buffet or plated only$25.00 pp inclusive of tax and service fee  |  | 78 |  |
| AM Coffee Service ***(coffee and tea only)***$8.00 inclusive of tax and service fee  |  | 78 |  |

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

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** (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)** |
| --- | --- | --- | --- | --- | --- |
| Day 1 | Single/Double Occupancy | 5 |  |  |  |
| Day 2 | Single/Double Occupancy | 78 |  |  |  |
| Day 3 | Single/Double Occupancy | 78 |  |  |  |
| Day 4 | Check-out | Check out |  |  |  |
|  |  | 161 |  |  |  |

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

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

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

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 | 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 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1. | (7) Complimentary easel stands  |  |  |
| 2. | (5) Complimentary basic Wireless Internet for Registration and Offices |  |  |
| 3. | Complimentary Wi-Fi in guest rooms  |  |  |
| 4. | Complimentary basic Wi-Fi in meeting rooms |  |  |
| 5. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 6. | Complimentary risers and podiums |  |  |
| 7. | (5) access to Concierge lounge for event staff |  |  |
| 8. | 3-week cut-off date: |  |  |
| 9. | Complimentary bottles of water in all meeting rooms and refreshed during breaks (if covid-19 sanitary protocols are still in effect and pitchers of water are not allowed)  |  |  |
| 10. | Hand sanitizer station inside each meeting room  |  |  |
| 11.  | 5 complimentary parking for event staff  |  |  |
|  | **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**

**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: |  |  |  |