**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** |
| October 24, 2022*(the date is 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. ***Include floor plan and capacity chart.***

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name****Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Monday, October 24, 2022** |
| 10:00 a.m. – 6:00 p.m.  | Meeting  | Rounds of 10 Head table panel for 4Space for 6 ft screen and AV cart  | 50 |  |
| **Tuesday, October 25, 2022** |
| 7:00 a.m. – 3:00 p.m.  | Meeting  | Rounds of 10 Head table panel for 4Space for 6 ft screen and AV cart | 50 |  |

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

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

**Please include an audio-visual price list plus tax and service fee’s**

***Complete the grid below – We are requesting a copy of the AV prices list but we also need the information below completed***

|  |  |  |  |
| --- | --- | --- | --- |
| **October 24 – 25, 2022** | **Equipment**  | **Price**  | **Inclusive ++** |
| **AV package to include:**  |  |  |  |
|  | 6 or 8 ft screen *(depending on ceiling height)*  |  |  |
|  | House Patch |  |  |
|  | 4 tabletop gooseneck microphones |  |  |
|  | 4 wireless handheld microphones |  |  |
|  | 4 Microphone stands (optional) |  |  |
|  | HD Projector with HDMI connectivity |  |  |
|  | Laptop with PowerPoint |  |  |
|  | Presenter clicker |  |  |
|  | Tech set up and strike fee |  |  |
| **Additional AV rates:**  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Propose Meeting and Function Room Rates. Please note the Judicial Council’s maximum meeting room rental as indicated on the RFP in Section 2.

**$10,000.00 is the MAXIMUM – This rate is not flexible**

| 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 Judicial Council’s maximum termination fee as indicated on the RFP in Section 2.

***$10,000.00 is the MAXIMUM – This rate is not flexible***

| 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. Please note the Judicial Council’s maximum food and beverage unit rates for group meals, *inclusive of tax and gratuity,* as indicated on the RFP in Section 2.

Provide customized menus in the grid below – leaving it blank or sending menus in lieu of completing the grid below will cause 0 points in the evaluation.

| Type of Group Meal | Food and Beverage Menu | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Date 1** |
| Lunch **$40.00 or best available rate**  |  |  |  |
| **Date 4** |
| Breakfast Buffet **$25.00 or best available rate**  |  |  |  |
| AM Coffee Service **(coffee and tea only)****$8.00 per person – *not per gallon*** |  |  |  |

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable. Please note the Judicial Council’s maximum sleeping room unit rate as indicated on the RFP in Section 2. Maximum Rates and Fees. Preference will be given for costs proposed within the maximum rates and fees established by the Judicial Council of California, as set forth below. However please submit hotel’s best available rate if the county maximum listed below cannot be accommodated.

| **Date** | **Type of Sleeping Room** | **Estimated Number of Sleeping Rooms** | **Parlor Suite**  | **Confirm number of rooms able to provide** | **Confirm daily room rate (w/o taxes & surcharges)** | **Confirm daily individual room rate w/ surcharges and/or tax (if applicable** |
| --- | --- | --- | --- | --- | --- | --- |
| Date 1 | Single Occupancy | 44 | 1 |  |  |  |
| Date 2 | Check-out | 44 | 1 |  |  |  |
|  |  | 44 | 1 |  |  |  |

2 weeks cut-off \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 | PercentageRate  | Dollar Amount |
| --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies)  |  |  |  |  |
| b. | Occupancy Tax rate: only add if your city or county doesn’t accept the State lodging tax waiver  |  |  |  | $ |
| c. | Tourism Surcharge if applicable: |  |  |  | $ |
| d. | CA Assessment fee if applicable: |  |  |  | $ |

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 | Valet Parking Rate  | Self-Parking Rate  | Oversize vehicles/SUV  | In/Out Privileges |
| --- | --- | --- | --- | --- |
| Discounted Parking Group Rate |  |  |  |  |
| Normal Hotel Parking Rate |  |  |  |  |

1. Propose High speed internet connection pricing.
* What are the daily charges for internet in individual guest rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Propose basic Wi-Fi rate for the 2 meeting dates for 45 users per day. Add rate inclusive of tax and service charges.

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

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1 | Complimentary basic Wireless Internet in the meeting space for the group |  |  |
| 2 | Complimentary parking  |  |  |
| 3 | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 4 | Parlor Suite at the group rate  |  |  |
| 5 | 2 week cut-off  |  |  |
| 6 | Discount on AV rental  |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**OFFER PERIOD**

A Proposer's submission is an irrevocable offer for thirty (30) days following the proposal due date. In the event a final contract has not been awarded within this thirt (30) 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: |  |  |  |