**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** |
| August 23 - 25, 2023  (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** |
| --- | --- | --- | --- | --- | --- |
| **Wednesday, August 23, 2023: Set up only no program**  **Thursday, August 24, 2023: Program Day 1 starts at 8:00 a.m. – 5:00 p.m.**  **Friday, August 25, 2023: Program Day 1 starts at 8:00 a.m. – 1:00 p.m.** | | | | | |
| Wednesday: 3:00 p.m. – 24 hr hold through 12:00 p.m.  on Friday | CRS Staff office | Board room or conference set up | | 5 |  |
| Wednesday: 3:00 p.m. – 24 hr hold through 4:00 p.m.  on Friday | AV Storage Room | Empty room  We need a room that can be rekeyed and no air walls. The AV room cannot be in a guest room and preferably not shared with the staff office room. | |  |  |
| Wednesday: 3:00 p.m. – 24 hr hold through 12:00 p.m.  on Friday | Registration Desk | 2 six foot tables, 4 chairs, 2 school room tables against the wall for materials | | Flow |  |
| Wednesday: 3:00 p.m. – 24 hr hold through 12:00 p.m.  on Friday | Committee meeting | Hollow Square | | 15 |  |
| Wednesday: 3:00 p.m. – 24 hr hold through 12:00 p.m.  on Friday | Breakout 1 | Crescent rds of 7 or classroom  Head table for 2  Space for screen and AV cart  **Provide two fit to scale diagrams** | | 100 |  |
| Wednesday: 3:00 p.m. – 24 hr hold through 4:00 p.m.  on Friday | Breakout 2 | Crescent rds of 7 or classroom  Head table for 2  Space for screen and AV cart  **Provide two fit to scale diagrams** | | 60 |  |
| Wednesday: 3:00 p.m. – 24 hr hold through 4:00 p.m.  on Friday | Breakout 3 | Crescent rds of 7 or classroom  Head table for 2  Space for screen and AV cart  **Provide two fit to scale diagrams** | | 60 |  |
|  | Breakout 4 | Crescent rds of 7 or classroom  Head table for 2  Space for screen and AV cart  **Provide two fit to scale diagrams** | 35 | |  |
|  | Breakout 5 | Crescent rds of 7 or classroom  Head table for 2  Space for screen and AV cart  **Provide two fit to scale diagrams** | | 35 |  |
| Wednesday: 3:00 p.m. – 24 hr hold through 4:00 p.m.  on Friday | General Session | Crescent rds of 6 - 7, Riser, Head table for 6 on the riser and podium  **Provide two fit to scale diagrams** | | 180 |  |
| **Friday, August 25, 2023 Existing rooms from Wednesday and Thursday as listed plus the following:** | | | | | |
| 7:30 – 9:00 a.m. | Breakfast network | Indoor or outdoor space  Cocktail rds and high boy combo  \*Flow arrival - the room does not have to fit 180  **\* not the general session room** | | 180 |  |
| 10:00 – 10:30 a.m. | AM coffee service | Same meal room as breakfast or ballroom foyer | | 180 |  |
| 12:30 p.m. – 5:00 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 |  |

***Are there any future renovation plans in the meeting space and guest rooms during the program dates?***

1. Propose Meeting and Function Room Rates. **Please note the maximum Meeting Room Rental of $10,000.00 inclusive of tax and service fee 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 Termination Fee of $10,000.00 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.

\*F&B minimum is not allowed – per person unit rates only

\****Please submit hotel’s best pricing if the maximums cannot be accommodated.***

|  |  |
| --- | --- |
| Breakfast | AM Coffee Service |
| $25.00 | $8.00 |

| Type of Group Meal | Food and Beverage Menu  **Please provide the customized menu selection that will be provide for each meal and not just the menu title**.  *No group breakfast or lunch on Thursday* | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
|  | Thursday, August 24, 2023 |  |  |
| Coffee/Tea Service only (no food)  **$8.00 per person or best available rate -** inclusive of tax and service charge **(provide per person rate not per gallon)** |  | 180 | Add rate per person - not per gallon |
| **Friday, August 25, 2023,** | | | |
| Breakfast Buffet w/ a hot protein **$25.00 per person or best available rate** - inclusive of tax and service charge |  | **180** |  |
| Coffee/Tea Service only (no food)  **$8.00 per person or best available rate –** not inclusive of tax and service fee |  | **180** | Add rate per person - not per gallon |

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

* **List the hotel restaurant names and business hours:**

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

* Judicial Council of California’s maximum sleeping room unit rate:

Sacramento County: $110.00 or best available rate

San Francisco: $250.00 or best available rate

Sonoma County: $110.00 or best available rate

San Ramon: $110.00 or best available rate

Napa: $110.00 or best available rate

| 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, August 23, 2023 | Single Occupancy | 50 |  |  |  |
| Thursday, August 24, 2023 | Single Occupancy | 100 |  |  |  |
| Friday, January 27, 2023 | Check-out |  |  |  |  |
|  |  | 150 |  |  |  |

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** ONLY DO NOT ADD PERCENTAGE RATES |
| --- | --- | --- | --- | --- |
| 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 TID |  |  | $ |
| d. | Surcharge (insert name): |  |  | $ |
| e. | CA Assessment fee: |  |  | $ |

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.

* Provide rate for internet package:
  + - Basic WIFI for 180 attendees for two days (emails no streaming):

Include tax and service fee to the estimate **$**

* + - 2 dedicated wireless network connections with a bandwidth of 10 Mbps (two laptops will be connected on Thursday and Friday with testing on Wednesday).

Include inclusive rate: $

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 | (7) Complimentary easels |  |  |
| 2 | (5) Complimentary wireless Internet for Registration, Staff Office, and faculty |  |  |
| 3 | AV storage area on total lockout – complimentary lock out and 3 keys for staff |  |  |
| 4 | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 5 | Contracted rate available two days pre/post |  |  |
| 6 | 3 weeks cut off |  |  |
| 7 | Complimentary risers and podiums |  |  |
| 8 | Complimentary basic Wi-Fi in meeting space |  |  |
| 9 | (8) Complimentary parking |  |  |
| 10 | Complimentary room rental for 80 – 100% |  |  |
| 11 | (4) Concierge lounge access for staff |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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**

**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: |  |  |  |