**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** |
| Date 1June 18-21, 2019 |  |  |
| Date 2June 16-19, 2019 |  |  |
| Date 3June 4-7, 2019 |  |  |

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

\* Dates listed are in order of preference\*

|  |  |  |
| --- | --- | --- |
|  | **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** |
| --- | --- | --- | --- | --- |
| **Date 1 – Set up** |
| 3:00 pm – 24 hr hold | Staff Office | 1. Round w/ 6 chairs

3 tables placed around perimeter walls | 6 |  |
| 3:00 pm – 24 hr hold | AV Storage/Office | 1. 6 ft tables with 2 chairs
 | 2 |  |
| 3:00 pm – 24 hr hold | General Session | Crescent RoundsRiser – Head Table for 3LecternObserver table w/ 2 chairs in back of room | 90 |  |
| 3:00 pm – 24 hr hold | Break Out 1 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 30 |  |
| 3:00 pm – 24 hr hold | Break Out 2 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 30 |  |
| 3:00 pm – 24 hr hold | Break Out 3 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 20 |  |
| **Date 2****Program Day 1 – Pre Institute – 8:30 am – 1:00 pm****Institute – 1:00 – 5:00 pm** |
| 24 hr hold | Staff Office | 1. Round w/ 6 chairs

3 tables placed around perimeter walls | 6 |  |
| 24 hr hold | AV Storage/Office | 1. 6 ft tables with 2 chairs
 | 2 |  |
| 6 am – 24 hr hold | Faculty Office | Conference Set for 8 | 8 |  |
| 6 am – 24 hr hold | Registration  | 2 6ft tables w 2 chairs2 6 ft tables placed along back wall behind | 2 |  |
| 24 hr hold | General Session | Crescent RoundsRiser – Head Table for 3LecternObserver table w/ 2 chairs in back of room | 90 |  |
| 24 hr hold | Break Out 1 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 30 |  |
| 24 hr hold | Break Out 2 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 30 |  |
| 24 hr hold | Break Out 3 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 20 |  |
| 7:30 – 8:30 am | Breakfast | Rounds of 10 | 45 |  |
| 10:00 – 10:15 am | AM Coffee/Tea Service | Foyer | 45 |  |
| 12:00 – 1:00 pm | Lunch | Rounds of 10 | 45 |  |
| **Date 3****Program Day 2 – 8:00 am – 5:00 pm** |
| 24 hr hold | Staff Office | Round w/ 6 chairs3 tables placed around perimeter walls | 6 |  |
| 24 hr hold | AV Storage/Office |  6 ft tables with 2 chairs | 2 |  |
| 6 am – 24 hr hold | Faculty Office | Conference Set for 8 | 8 |  |
| 6 am – 24 hr hold | Registration  | 2 6ft tables w 2 chairs2 6 ft tables placed along back wall behind | 2 |  |
| 24 hr hold | General Session | Crescent RoundsRiser – Head Table for 3LecternObserver table w/ 2 chairs in back of room | 90 |  |
| 24 hr hold | Break Out 1 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 30 |  |
| 24 hr hold | Break Out 2 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 30 |  |
| 24 hr hold | Break Out 3 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 20 |  |
| 7:30 – 8:30 am | Breakfast | Rounds of 10 | 85 |  |
| 10:00 – 10:15 am | AM Coffee/Tea Service | Foyer | 85 |  |
| 12:00 – 1:00 pm | Lunch w/ Speaker | Rounds of 10Riser – Head Table - Lectern | 85 |  |
| **Date 4****Program Day 3 – 8:00 am – 1:00 pm** |
| 24 hr hold – 2:00 pm | Staff Office | Round w/ 6 chairs3 tables placed around perimeter walls | 6 |  |
| 24 hr hold – 6:00 pm | AV Storage/Office | 6 ft tables with 2 chairs | 2 |  |
| 6 am – 1:00 pm | Faculty Office | Conference Set for 8 | 8 |  |
| 6 am – 1:00 pm | Registration  | 2 6ft tables w 2 chairs2 6 ft tables placed along back wall behind | 2 |  |
| 24 hr hold – 3:00 pm | General Session | Crescent RoundsRiser – Head Table for 3LecternObserver table w/ 2 chairs in back of room | 90 |  |
| 24 hr hold – 2:00 pm | Break Out 1 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 30 |  |
| 24 hr hold – 2:00 pm | Break Out 2 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 30 |  |
| 24 hr hold – 2:00 pm | Break Out 3 | Crescent RoundsHead Table for (3)Observer Table w/ 2 chairs in back of room | 20 |  |
| 7:30 – 8:30 am | Breakfast | Rounds of 10 | 85 |  |
| 10:00 – 10:15 am | AM Coffee/Tea Service | Foyer | 85 |  |

 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 maximum 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. | 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 – please provide hot protein selections for breakfast. Prices indicated below are mandatory state maximum meal caps.

| Type of Group Meal | Food and Beverage Menu | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Date 2** |
| Breakfast Buffet  |  | 45 | $25 |
| AM Coffee Service |  | 45 | $8 |
| Lunch |  | 45 | $40 |
| **Date 3** |
| Breakfast Buffet  |  | 85 | $25 |
| AM Coffee/Tea Service |  | 85 | $8 |
| Lunch |  | 85 | $40 |
| **Date 4** |
| Breakfast Buffet |  | 85 | $25 |
| AM Coffee/Tea Service |  | 85 | $8 |

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 and/or tax (if applicable** |
| --- | --- | --- | --- | --- | --- |
| Date 1 | Single Occupancy | 42 |  |  |  |
| Date 2 | Single Occupancy | 65 |  |  |  |
| Date 3 | Single Occupancy | 65 |  |  |  |
| Date 4 |  Single Occupancy | 1 |  |  |  |
| Date 5 | Check-out | Check out |  |  |  |
|  |  | 173 |  |  |  |

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

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

Propose the 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 | PercentageRate  | Dollar Amount |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |
| b. | Occupancy Tax rate: |  |  |  | $ |
| c. | Tourism, State Tax or Surcharge: |  |  |  | $ |
| d. | Tourism, State Tax or Surcharge: |  |  |  | $ |

1. Propose Parking price schedule, number of parking passes, discounted passes and parking rate. 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 Wi-Fi 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 packaged pricing for Wi-Fi internet connection for meeting rooms

(5 Mbs-standard connectivity)? \_\_\_\_\_\_\_\_\_\_\_

* What are the daily charges for WiFi for individual guest rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are there additional charges for multiple computers connected to the Internet where the client provides the necessary networking hardware? Yes ⬜ No ⬜ . If yes, how much per day? \_\_\_\_\_\_\_\_\_\_\_\_\_

(Please propose the lowest package rate possible)

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. | (4) 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. |  |  |
|  | **Additional concessions:** |  |  |
|  | Complimentary/Discounted Package Pricing for meeting room connectivity(Wi-Fi connections) |  |  |
|  |  |  |  |
|  |  |  |  |

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.

|  |
| --- |
|  |
|  |
|  |

**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: |  |  |  |