**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 1  August 24-28, 2020 |  |  |
| Date 2  August 31-September 4, 2020 |  |  |
| Date 3  September 14-18, 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mtg Room** | **Days** | **Set-Up** | **# of People** | **Presenters @ Head Table** | **Proposed**  **Meeting Room** |
| Staff Office  1 pm – 24 hr hold | 1, 2, 3, & 4 | Conference w/ 4 tables along perimeter walls | 8 | N/A |  |
| AV Office  1 pm – 24 hr hold | 1, 2, 3, 4 & 5 | 2 6ft tables w/ 2 chairs each | 4 | N/A |  |
| Faculty Office  1 pm – 24 hr hold | 1, 2, 3, & 4 | Conference | 8-10 | N/A |  |
| Break Out # 1 –  3 pm – 24 hr hold | 1, 2 & 3 | Crescents  Head Table  Observer Table | 30 | 2-3 |  |
| Break Out # 2  3 pm – 24 hr hold | 1, 2, & 3 | Crescents  Head Table  Observer Table | 30 | 2-3 |  |
| General Session  2 pm – 24 hr hold | 2, 3 & 4 | Crescents  Riser  Head Table  Lectern  2 – Observer Tables | 375 | 6 |  |
| Break Out # 3  12 pm – 24 hr hold | 2, 3 & 4 | Crescents  Head Table  Observer Table | 50 | 2-3 |  |
| Break Out # 4  12 pm – 24 hr hold | 2, 3 & 4 | Crescents  Riser  Head Table  Observer Table | 75 | 2-3 |  |
| Break Out # 5  2 pm – 24 hr hold | 2, 3 & 4 | Crescents  Riser  Head Table  Lectern | 100 | 3-4 |  |
| Break Out #6  12 pm – 24 hr hold | 2, 3, & 4 | Crescents  Head Table  Observer Table | 50 | 2-3 |  |
| Break Out # 7  12 pm – 24 hr hold | 2, 3, & 4 | Crescents  Head Table | 50 | 2-3 |  |
| Break Out # 8  12 pm – 24 hr hold | 2 & 3 | Crescents  Riser  Head Table  Lectern  Observer Table | 75 | 6 |  |
| Break Out # 9  12 pm - 24 hr hold | 2, 3 | Crescents  Riser  Head Table  Observer Table  Lectern | 150 | 6 |  |
| Break Out #10 | 3 | Crescents  Head Table  Observer Table | 50 | 2-3 |  |
| Meals | 2, 3 & 4 | Rounds | 400 |  |  |

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. $10,000.00 Maximum Meeting Room Rental

| 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: $10,000.00 Maximum Termination Fee

| 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. Food & Beverage maximums are not negotiable.

| Type of Group Meal | Food and Beverage Menu | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Date 2** | | | |
| Breakfast Buffet |  | 30 | $25 |
| Lunch |  | 30 | $40 |
| **Date 3** | | | |
| Breakfast Buffet |  | 235 | $25 |
| AM Coffee Service |  | 235 | $8 |
| Lunch |  | 235 | $40 |
| **Date 4** | | | |
| Breakfast Buffet |  | 410 | $25 |
| AM Coffee Service |  | 410 | $8 |
| Lunch |  | 410 | $40 |
| **Date 5** | | | |
| Breakfast Buffet |  | 250 | $25 |
| AM Coffee Service |  | 250 | $25 |
| Lunch |  | 15 | $40 |

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 | 30 |  |  |  |
| Date 2 | Single Occupancy | 210 |  |  |  |
| Date 3 | Single Occupancy | 400 |  |  |  |
| Date 4 | Single Occupancy | 240 |  |  |  |
| Date 5 | Check-out | Check out |  |  |  |
|  |  | **880** |  |  |  |

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 | 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 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 WIFI connection pricing.

* What are the daily charges for WIFI package in meeting space? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the daily charges for WIFI in individual guest rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(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. | (10) Complimentary easels |  |  |
| 3. | (6) 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:** |  |  |
| 6. | Complimentary meeting room WiFi |  |  |
| 7. | Ten (10) complimentary parking passes |  |  |
|  |  |  |  |

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: |  |  |  |