**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** |
| Date 1: April 5 – 8, 2016 |  |  |
| Date 2: April 12 – 15, 2016 |  |  |
| Date 3: April 3 – 6, 2016 |  |  |

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.

**Program dates: April 5 – 8, 2016, April 12 – 15, 2016 or April 3 – 6, 2016**

**Day 1: April 5, 12 or 3**

**Day 2: April 6, 13 or 4**

**Day 3: April 7, 14 or 5**

**Day 4: April 8, 15 or 6**

**Day 5: April 9, 16 or 7 (for the AV storage room only)**

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name**  **Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Day 1: Set up day**  **Program starts on day 2 @ 8:00 a.m.**  **The following rooms will be used on day 1 - 4** | | | | |
| 3:00 p.m. – 24 hour hold through day 4 at 5:00 p.m. | Staff Office | Conference  4 school room tables set up in the perimeter of the room for materials | 6 |  |
| 3:00 p.m. – 24 hour hold through day 4 at 5:00 p.m. | Faculty Office | Two rounds of 5 | 10 |  |
| 3:00 p.m. – 24 hour hold **through day 5 at 9:00 a.m.** | AV Storage  (a guest room as storage room is not preferred) | Empty |  |  |
| 3:00 p.m. – 24 hour hold through day 4 at 5:00 p.m. | Registration | Existing build in registration desk or meeting room foyer w/ | 300 |  |
| 3:00 p.m. – 24 hour hold through day 4 at 5:00 p.m. | General Session  \*The GS room can be used as a breakout room | 50 crescent rounds of 5 or 42 rds of 6, riser w/ podium and head table for 4, 1 school room table in back of the room w/ 2 chairs  **\*Provide fit to scale diagram** | 250 |  |
| 3:00 p.m. – 24 hour hold through day 4 at 5:00 p.m. | Breakout 1 | 25 crescent rds of 5 or 21 crescent rds of 6, head table for 3, riser, 1 school room table in back of the room w/ 2 chairs.  **\*Provide fit to scale diagram** | 125 |  |
| 3:00 p.m. – 24 hour hold through day 4 at 5:00 p.m. | Breakout 2 | 25 crescent rds of 5 or 21 crescent rds of 6, head table for 3, riser, 1 school room table in back of the room w/ 2 chairs.  **\*Provide fit to scale diagram** | 100 |  |
| 3:00 p.m. – 24 hour hold through day 4 at 5:00 p.m. | Breakout 3 | 15 crescent rds of 5 or 13 crescent rds of 6, head table for 3, riser, 1 school room table in back of the room w/ 2 chairs.  **\*Provide fit to scale diagram** | 75 |  |
| **Day 2 – set up only @ 6:00 p.m.**  **Day 3-4: Program starts at 8:00 a.m. – 12:00 p.m.**  **The following rooms will be used on day 3 and 4** | | | | |
| 6:00 p.m. – 24 hour hold through day 4 at 12:00 p.m. | Breakout 4 | Crescent rds of 5 or 6  Head table for 2  1 school room table in back of the room w/ 2 chairs | 50 |  |
| 6:00 p.m. – 24 hour hold through day 4 at 12:00 p.m. | Breakout 5 | Crescent rds of 5 or 6  Head table for 2  1 school room table in back of the room w/ 2 chairs | 50 |  |
| 6:00 p.m. – 24 hour hold through day 4 at 12:00 p.m. | Breakout 6 | Crescent rds of 5 or 6  Head table for 2  1 school room table in back of the room w/ 2 chairs | 25 |  |
| 6:00 p.m. – 24 hour hold through day 4 at 12:00 p.m. | Breakout 7 | Crescent rds of 5 or 6  Head table for 2  1 school room table in back of the room w/ 2 chairs | 25 |  |
| 6:00 p.m. – 24 hour hold through day 4 at 12:00 p.m. | Breakout 8 | Crescent rds of 5 or 6  Head table for 2  1 school room table in back of the room w/ 2 chairs | 25 |  |
| 6:00 p.m. – 24 hour hold through day 4 at 12:00 p.m. | Breakout 9 | Crescent rds of 5 or 6  Head table for 2  1 school room table in back of the room w/ 2 chairs | 20 |  |
| 6:00 p.m. – 24 hour hold through day 4 at 12:00 p.m. | Breakout 10 | Crescent rds of 5 or 6  Head table for 2  1 school room table in back of the room w/ 2 chairs | 20 |  |
| **Day 3 and 4** | | | | |
| 7:00 – 8:45 a.m. | Breakfast | Meal room in rds of 10 or Ballroom Foyer | 250 |  |
| 10:00 – 10:30 a.m. | Coffee /tea service | Ballroom Foyer | 250 |  |
| 12:00 – 1:00 p.m. | Lunch | Rds of 10  Riser for speaker  **Provide fit to scale diagram** | 250 |  |
|  |  |  |  |  |

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 (operated by the Judicial Council AV support staff and the equipment is owned by the Judicial Council – Not a 3rd party company)?

|  |  |
| --- | --- |
| 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 customized menus in detail provided for the unit price indicated on the Form for Submission of Cost Pricing.

| Type of Group Meal | **Food and Beverage Menu**  **Please provide the menu selection that will be provide for each meal and not just the menu title**. | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Date 3** | | | |
| Breakfast Buffet |  | 250 |  |
| AM Coffee Service (coffee/tea only) |  | 250 |  |
| Lunch – provide plated and buffet options |  | 250 |  |
| **Date 4** | | | |
| Breakfast Buffet |  | 250 |  |
| AM Coffee Service (coffee/tea only) |  | 250 |  |
| Lunch – provide plated and buffet options |  | 250 |  |

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** *(only include tax if the city does not accept the State occupancy tax waiver)* |
| --- | --- | --- | --- | --- | --- |
| Date 1 | Single/Double Occupancy | 15 |  |  |  |
| Date 2 | Single/Double Occupancy | 210 |  |  |  |
| Date 3 | Single/Double Occupancy | 210 |  |  |  |
| Date 4 | Check-out | Check-out |  |  |  |
|  |  |  |  |  |  |

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

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

Request 3 week 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 Surcharge: |  |  | $ |
|  |  |  |  |  |
| d. | 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 High speed internet connection pricing.

* What are the daily charges for an individual computer connected to the Internet in meeting rooms?
  + - Basic Web Pages: $
    - Standard definition for streaming videos: $
* 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. | Complimentary Registration area telephone |  |  |
| 2. | (20) Complimentary easels |  |  |
| 3. | (6) Complimentary wireless Internet for Registration, Staff Office and faculty room |  |  |
| 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. |  |  |
| 6. | Contracted rate available two days pre/post |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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.

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| --- |
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|  |

**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: |  |  |  |