**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** |  |
| **What is the amount held for incidentals upon check-in** |  |
| **Does the property accept direct billing (master account)?** |  |

***The Judicial Council of California, Conference and Registration Services, does not retain the services of third party or outsourced representation.  All quoted rates are to be net, non-commissionable.***

**Please indicate which date(s) you are offering:**

|  |  |  |
| --- | --- | --- |
| ***The dates are not flexible*** | **Yes** | **No** |
| 1st Choice:  August 25 – 30, 2024 |  |  |
| 2nd Choice:  August 19 – 23, 2024 |  |  |

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 *For breakouts # 1 – #10 include if the room has airwalls or solid wall?*** |
| --- | --- | --- | --- | --- | --- |
| **Date 1 (Monday) – Set up day only** | | | | | |
| 5:00 p.m. – 24 hr hold through Friday at 5:00 p.m. | CFCC Staff Office | | Conference for 8  4 – 6ft tables around perimeter walls | 10 |  |
| 5:00 p.m. – 24 hr hold through Friday at 5:00 p.m. | Meeting Planner (CRS) Office | | Conference for 8 (or boardroom) | 8 |  |
| 5:00 p.m. – 24 hr hold through Saturday | AV Office | | 6 – 6ft tables, 2 chairs | 4 |  |
| 5:00 p.m. – 24 hr hold through Friday at 5:00 p.m. | Faculty Office | | Conference | 10 |  |
| 5:00 p.m. – 24 hr hold through Friday at 5:00 p.m. | Registration | | 2 – 6ft Tables with 2 chairs  2- 6ft Tables placed behind | 4 |  |
| 5:00 p.m. – 24 hr hold through Friday | Breakout #1 set up | | Crescent Rounds  Head Table for 3  1 school room in the back with 2 chairs  **\*Provide fit to scale diagram\*** | 50 |  |
| 5:00 p.m. – 24 hr hold through Friday | Breakout #2 set up | | Crescent Rounds  Head Table for 3  1 school room in the back with 2 chairs  **\*Provide fit to scale diagram\*** | 50 |  |
| **Date 2 (Tuesday)** | | | | | |
| 7:00 am – 2:00 pm | Meal Room for Breakout sessions | | Rounds of 10 | 60 |  |
| 7:00 am – 24 hr hold through Friday | Staff Meal room | | Rounds of 10 | 20 |  |
| 7:00 a.m. – 24 hr hold | Breakout #1 | | Existing set up | 50 |  |
| 7:00 a.m. – 24 hr hold | Breakout #2 | | Existing set up | 50 |  |
| 8:00 am - 24 hr hold through Friday | General Session  Set Up only | | Crescent rounds of 6 – 7  Riser size: 18x8 (16 inches in height), Head table on the riser for 6 and a podium  **\*Provide fit to scale diagram\*** | 400 GS |  |
| 3:00 p.m. - 24 hr hold | Breakout #3  Set Up | | Crescent Rounds  Head Table for 3  **\*Provide fit to scale diagram\*** | 75 |  |
| 3:00 p.m. - 24 hr hold | Breakout #4  Set Up | | Crescent Rounds  Head Table for 3  **\*Provide fit to scale diagram\*** | 75 |  |
| 3:00 pm - 24 hr hold | Breakout #5  Set Up | | Crescent Rounds  Head Table for 3  **\*Provide fit to scale diagram\*** | 150 |  |
| 3:00 pm - 24 hr hold | Breakout #6  Set Up | | Crescent Rounds  Head Table for 3  **\*Provide fit to scale diagram\*** | 75 |  |
| 3:00 pm - 24 hr hold | Breakout #7  Set Up | | Crescent Rounds  Head Table for 3  **\*Provide fit to scale diagram\*** | 150 |  |
| 3:00 pm - 24 hr hold | Breakout #8  Set Up | | Crescent Rounds  Head Table for 3  **\*Provide fit to scale diagram\*** | 50 |  |
| 3:00 pm - 24 hr hold | Breakout #9  Set Up | | Crescent Rounds  Head Table for 3  **\*Provide fit to scale diagram\*** | 50 |  |
| 3:00 pm - 24 hr hold | Breakout #10  Set Up | | Crescent Rounds  Head Table for 3  **\*Provide fit to scale diagram\*** | 50 |  |
| 3:00 pm - 24 hr hold | Computer Lab set up | | Classroom  Head table  **\*Provide fit to scale diagram\*** | 30 |  |
| **Date 3 and Date 4 (Wednesday and Thursday)** | | | | | |
| 7:00 – 2:00 p.m. through Friday | Meal Room | | Rounds **Breakfast**: *located near the general session room* **Lunch:** *Indoor or outdoor option is fine, as long as there is shade, such as umbrellas* |  |  |
| 12:00 – 1:30 p.m. | Lunch | | *Add lunchroom name only if outdoor space is provided* |  |  |
| 10:15 – 10:30 a.m. through Friday | AM Break | | *Near the general session room or in the breakfast room if it is located next to the GS room* |  |  |
| 24 hr hold **through Friday** | General Session | | Existing set up | 400 |  |
| 24 hr hold through Thursday at 10:00 p.m. | Breakout #1: | | Existing set up | 30 |  |
| 24 hr hold through Thursday at 10:00 p.m | Breakout #2: | | Existing set up | 30 |  |
| 24 hr hold through Thursday at 10:00 p.m | Breakout #4: | | Existing set up | 50 |  |
| 24 hr hold **through Friday** | Breakout #5 | | Existing set up | 75 |  |
| 24 hr hold **through Friday** | Breakout #6: | | Existing set up | 100 |  |
| 24 hr hold through Thursday at 10:00 p.m | Breakout #7  *(Including the Court Clerks General session and the Family Law Facilities Association Lunch Meeting)* | | Existing set up | 150 |  |
| 24 hr hold through Thursday at 10:00 p.m | Breakout #8 | | Existing set up | 50 |  |
| 24 hr hold through Thursday at 10:00 p.m | Breakout #9 | | Existing set up | 50 |  |
| 24 hr hold through Thursday at 10:00 p.m | Breakout #10 | | Existing set up | 50 |  |
| 24 hr hold through Thursday at 10:00 p.m | Computer Lab | | Existing set up | 30 |  |
| 6:00 – 10:00 p.m. | AV strike of:  breakout rooms and computer lab *except for breakout rooms #5 and #6* | |  |  |  |
| **Date 5 - Friday** | | | | | |
| 24 hr hold – 5:00 pm | | Meeting #1 and General Session | Existing set up | 400 |  |
| 24 hr hold – 5:00 pm | | Meeting #2 | Existing set up | 100 |  |
| 24 hr hold – 5:00 pm | | Meeting #3 | Existing set up | 75 |  |
| 7:00 – 8:30 a.m. | | Breakfast | Existing set up |  |  |
| 10:00 – 10:15 a.m. | | AM Break | Existing set up |  |  |
| ***12:00 p.m.*** | | ***Meeting adjourns*** |  |  |  |
|  |  | |  |  |  |
| 12:00 – 5:00 p.m. | AV Strike of meeting rooms | |  |  |  |
| **Date 6 (Saturday)** | | | | | |
| 12:00 a.m. -9:00 am | | AV Storage | Existing set up | 4 |  |

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?

*\*The equipment is property of the State of California, and will be operated by*

*Judicial Council employees.*

***NO THIRD PARTIES WILL BE USED***

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

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. **Should not exceed $10,000.00.**

| 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: **Should not exceed $10,000.00.**

| 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: |  |  |

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 **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.***

| 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**.  **\*Leaving the area blank, or “chefs’ choice, TBD, no details will end up with no points in the evaluation\*** | Estimated Number of Meals | Inclusive Price per person | **Total Inclusive Cost** |
| --- | --- | --- | --- | --- |
| **Date 2 (Tuesday)** | | | |  |
| Breakfast **Buffet**  $25.00 pp inclusive of tax and service fee **or best available rate** |  | 75 |  | Inclusive rate $ x 75 = |
| AM Coffee Service: ***(coffee and tea only)***  $8.00 inclusive of tax and service fee |  | 70 |  | Inclusive rate $ x 75 = |
| Lunch: **Plated or Buffet** $40.00 pp inclusive of tax and service fee **or best available rate** |  | 75 |  | Inclusive rate $ x 75 = |
| **Date 3 (Wednesday)** | | | |  |
| Breakfast **Buffet**  $25.00 pp inclusive of tax and service fee **or best available rate** |  | 390 |  | Inclusive rate $ x 75 = |
| AM Coffee Service: ***(coffee and tea only)***  $8.00 inclusive of tax and service fee |  | 370 | Add per person rate - not per gallon | Inclusive rate $ x 370 = |
| Lunch: **Plated or Buffet** $40.00 pp inclusive of tax and service fee **or best available rate** |  | 390 |  | Inclusive rate $ x 390 = |
| **Date 4 (Thursday)** | | | |  |
| Breakfast Buffet  $25.00 pp inclusive of tax and service fee **or best available rate** |  | 440 |  | Inclusive rate $ x 440 = |
| AM Coffee Service **$8.00** inclusive of tax and service fee |  | 420 | Add per person rate - not per gallon | Inclusive rate $ x 420 = |
| Lunch: **BUFFET ONLY** $40.00 pp inclusive of tax and service fee **or best available rate** |  | 440 |  | Inclusive rate $ x 440 = |
| **Date 5 (Friday)** | | | |  |
| Breakfast Buffet  $25.00 pp inclusive of tax and service fee **or best available rate** |  | 435 |  | Inclusive rate $ x 435 = |
| AM Coffee Service  **$8.00** inclusive of tax and service fee |  | 420 | Add per person rate - not per gallon | Inclusive rate $ x 420 = |

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. **Please submit hotel’s best available rate if the county maximum/preference listed in the RFP cannot be accommodated.**

* San Francisco: $270.00
* San Mateo County: $222.00
* Santa Clara County: $245.00
* Contra Costa County: $110.00
* Los Angeles County: $169.00
* Orange County: $169.00
* San Diego County: $194.00

| 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) |
| --- | --- | --- | --- | --- |
| Date 1  Monday | Single Occupancy | 60 |  |  |
| Date 2  Tuesday | Single Occupancy | 230 |  |  |
| Date 3  Wednesday | Single Occupancy | 375 |  |  |
| Date 4  Thursday | Single Occupancy | 250 |  |  |
| Date 5  Friday | Check-out | 5 |  |  |
|  |  | 920 |  |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 | Dollar Amount- do not add percentage rate |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate: add only if the city/county does not accept the State occupancy lodging tax waiver: |  |  | $ |
| c. | Tourism surcharge fee (add tourism name) |  |  | $ |
| d. | Surcharge (add surcharge name) |  |  | $ |
| e. | CA Assessment Fee |  |  | $ |
| f. | Add additional surcharge name if applicable |  |  | $ |

1. Propose Parking price:

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

1. Propose Internet connection pricing.
   * + Basic WIFI for 400 attendees for three days (emails no streaming):

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

* + - Individual dedicated internet line for meeting rooms:

**Basic wireless network connections (no streaming) 5 mbps**

Include **inclusive** rate per line: $

* Guest room Wi-Fi rate:

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

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
| 1. | (15) Complimentary easel stands |  |  |
| 2. | (10) Complimentary basic Wireless Internet for Registration and Offices |  |  |
| 3. | Complimentary Wi-Fi in guest rooms |  |  |
| 4. | Complimentary basic Wi-Fi in meeting rooms |  |  |
| 5. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 6. | Complimentary risers and podiums |  |  |
| 7. | 3-week cut-off date |  |  |
| 8. | 10 complimentary parking for event staff |  |  |
| 9 | Waived urban or resort fee |  |  |
| 10. | Complimentary rekey of two offices (AV storage and CFCC office): 3 keys per room |  |  |
| 11. | CVB incentive to the master account |  |  |
| 12. | Complimentary room rental 80 – 100% pick up |  |  |
| 13. | Complimentary F&B delivery and set up for 15 - 20 people in the staff meal room |  |  |
| 14. | **Additional concessions provided by the hotel:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |  |
| --- | --- |
| **Does the hotel have restaurant** |  |
| **Restaurants hours:** |  |
| **Is room service available?** |  |

**Does the hotel offer complimentary airport shuttle? If so, please provide the hours and location airport pick-up/drop-off.**

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

**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: |  |  |  |