**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** |
| June 5 – 8, 2017 |  |  |
| June 6 – 9, 2017 |  |  |
| June 13 – 16, 2017 |  |  |

|  |  |  |
| --- | --- | --- |
| **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** |
| --- | --- | --- | --- | --- |
| **Date 1**  **Set-Up Day** | | | | |
| 3:00 pm – 24 hr. hold through day 4 | Staff Office | \*(1) conference of 6  \*(2) 6ft tables along perimeter walls | 8 |  |
| 3:00 pm – 24 hr hold through day 5 | AV Storage | 1. 6ft table w (2) chairs   Please provide a room that is easily accessible to the meeting rooms and preferably not a guest room | 2 |  |
| 3:00 am – 24 hr hold through day 5 | Faculty Office | Conference w/ (8) chairs | 8 |  |
| 3:00 pm – 24 hr hold | Pre-Institute Meeting | \*Crescent rounds of (5)  \*Head table with 3 chairs  \*(1) classroom table w (2) chairs placed in back of room | 40 |  |
| Any time after 5:00 p.m. – 24 hr hold | General Session | \*Crescent rounds of (5)  \*Riser w/ Head table & (4) chairs  \*(2) classroom tables w (2) chairs at each table - placed one on each side of back of room | 65 |  |
| 3:00 pm – 24 hr hold through day 5 | Registration | (2) 6ft tables – (1) table placed behind front table for materials  \*2 chairs | Flow |  |
| **Date 2**  **Registration – 7:30 am – 5:00 pm** | | | | |
|  |  |  |  |  |
| 24 hr. hold | Staff Office | Existing set up | 8 |  |
| 24 hr hold | AV Storage | Existing set up | 2 |  |
| 24 hr hold | Faculty Office | Existing set up | 8 |  |
| 24 hr hold | Meal Room  Outdoor area will work on days 2 and 4 for lunch only not breakfast. However, only propose the space if there are table umbrellas or some sort of shade from the sun. We will have a lunch speaker at lunch on day 3 and lunch will be required to be inside | Rounds of 8 | 70 |  |
| 8:30 a.m. – 12:00 p.m. | Pre-Institute Meeting | Existing set up | 40 |  |
| 24 hr hold | General Session | Existing set up | 65 |  |
| 7:00 am – 24 hr hold | Breakout #1 | \*Crescent rounds of (5)  \*Head table with 2 chairs  \*(1) classroom table w (2) chairs placed in back of room | 30 |  |
| 7:00 am – 24 hr hold | Breakout #2 | \*Crescent rounds of (5)  \*Head table with 2 chairs  \*(1) classroom table w (2) chairs placed in back of room | 25 |  |
| 7:00 am – 24 hr hold | Breakout #3 | \*Crescent rounds of (5)  \*Head table with 2 chairs  \*(1) classroom table w (2) chairs placed in back of room | 25 |  |
| **Date 3 and 4**  **Day 3: 7:00 am – 5:00 pm**  **Day 4: 7:00 am – 1:00 pm**  **\*AV Strike\* 1:00 – 5:00 pm** | | | | |
| 24 hr hold | Meal Room | Existing set up | 70 |  |
| 24 hr hold | General Session | Existing set up | 65 |  |
| 24 hr hold | Breakout #1 | Existing set up | 30 |  |
| 24 hr hold | Breakout #2 | Existing set up | 25 |  |
| 24 hr hold | Breakout #3 | Existing set up | 25 |  |

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. |  |

D. Propose customized Food and Beverage details, including specific menus provided for the unit price indicated on the Form for Submission of Cost Pricing.

(i.e.: hot protein for breakfast, lunch plated and buffet options, etc.)

| Type of Group Meal | Unit price | | Food and Beverage Menu  Provide detailed customized menu for each meal. We are requesting hot food items to be included in the breakfast buffet | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- | --- | --- |
|  | | **Date 2** | | | |
| Breakfast Buffet | $25.00 | |  | 50 |  |
| AM Coffee Service | $8.00 | |  | 50 |  |
| Lunch options: Plated and Buffet menus | $40.00 | |  | 50 |  |
|  | | **Date 3** | | | |
| Breakfast Buffet | $25.00 | |  | 70 |  |
| AM Coffee Service | $8.00 | |  | 70 |  |
| Lunch: Plated only (speaker during lunch) | $40.00 | |  | 70 |  |
|  |  | | **Date 4** |  |  |
|  |  | |  |  |  |
| Breakfast Buffet | $25.00 | |  | 70 |  |
| AM Coffee Service | $8.00 | |  | 70 |  |
| Lunch options: Plated and Buffet menus | $40.00 | |  | 70 |  |

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.

Does the hotel have a Coffee Shop?

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Hours: |  |
|  |  |
|  |  |
|  |  |

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 add tax if your county/city doesn’t accept the occupancy tax waiver)** |
| --- | --- | --- | --- | --- | --- |
| Date 1 | Single/DoubleOccupancy | 2 |  |  |  |
| Date 2 | Single/DoubleOccupancy | 61 |  |  |  |
| Date 3 | Single/DoubleOccupancy | 61 |  |  |  |
| Date 4 | Check-out | Check out |  |  |  |
|  |  | 124 |  |  |  |

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

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

Propose the cut-off date for reservations (3 weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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. | Other Surcharge add name here\_\_\_\_\_\_\_\_: |  |  | $ |

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 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. | (7) 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. |  |  |
| 6. | Complimentary podiums |  |  |
| 7. | 3 Week Cut-Off |  |  |
|  | **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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|  |

**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: |  |  |  |