**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 |  |

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

|  |  |  |
| --- | --- | --- |
| **Incidentals** | **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.

\*Please submit a bid if you only have 3 breakouts daily available instead of the 5 breakouts requested.

Lunch can be in the General Session room, but a meal room is preferred.

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name**  **Sq. Footage** |
| --- | --- | --- | --- | --- |
| **January 23, 2019** | | | | |
| 12:00pm-24 hours | Office | Round for 7, 4 tables for materials | 7 |  |
| 2:00pm – 24 hours | AV Storage | 4 tables, 2 chairs | 2 |  |
| 2:00pm – 24 hours | General Session | Riser, crescent rounds of 6 | 76 |  |
| 2:00pm – 24 hours | Breakout #1 | crescent rounds of 6 | 20 |  |
| 2:00pm – 24 hours | Breakout # 2 | crescent rounds of 6 | 20 |  |
| 2:00pm – 24 hours | Breakout # 3 | crescent rounds of 6 | 20 |  |
| 2:00pm – 24 hours | Breakout # 4\* | crescent rounds of 6 | 20 |  |
| 2:00pm – 24 hours | Breakout # 5\* | crescent rounds of 6 | 20 |  |
| **January 24, 2019** | | | | |
| 24 hours | Office | Round for 7, 4 tables for materials | 7 |  |
| 24 hours | AV Storage | 4 tables, 2 chairs | 2 |  |
| 24 hours | General Session | Riser, crescent rounds of 6 | 76 |  |
| 24 hours | Breakout #1 | crescent rounds of 6 | 20 |  |
| 24 hours | Breakout # 2 | crescent rounds of 6 | 20 |  |
| 24 hours | Breakout # 3 | crescent rounds of 6 | 20 |  |
| 24 hours | Breakout # 4\* | crescent rounds of 6 | 20 |  |
| 24 hours | Breakout # 5\* | crescent rounds of 6 | 20 |  |
| 7:00am-24 hour hold | Breakfast and Lunch | Riser, Rounds of 8 | 80 |  |
| **January 25, 2019** | | | | |
| 12:00pm-6:00pm | Office | Round for 7, 4 tables for materials | 7 |  |
| 24 hours | AV Storage | 4 tables, 2 chairs | 2 |  |
| 24 hours – 6:00pm | General Session | Riser, crescent rounds of 6 | 76 |  |
| 24 hours – 6:00pm | Breakout #1 | crescent rounds of 6 | 20 |  |
| 24 hours – 6:00pm | Breakout # 2 | crescent rounds of 6 | 20 |  |
| 24 hours – 6:00pm | Breakout # 3 | crescent rounds of 6 | 20 |  |
| 24 hours – 6:00pm | Breakout # 4\* | crescent rounds of 6 | 20 |  |
| 24 hours – 6:00pm | Breakout # 5\* | crescent rounds of 6 | 20 |  |
| 24 hour-2:00pm | Breakfast and Lunch | Riser, Rounds of 8-9 | 80 |  |
| **January 26, 2019** | | | | |
| 24 hours-10:00am | AV Storage | 4 tables, 2 chairs | 2 |  |

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. **Inclusive cost cannot exceed: Breakfast-$25; Coffee Service-$8; Lunch $40**

| Type of Group Meal | Food and Beverage  **Sample** **Menu** | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **January 24, 2019** | | | |
| Breakfast Buffet |  | 76 |  |
| AM Coffee Service |  | 76 |  |
| Lunch |  | 76 |  |
| **January 25, 2019** | | | |
| Breakfast Buffet |  | 76 |  |
| AM Coffee Service |  | 76 |  |
| Lunch |  | 76 |  |

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** |
| --- | --- | --- | --- | --- | --- |
| January 23, 2019 | Single Occupancy | 50 |  |  |  |
| January 24, 2019 | Single Occupancy | 50 |  |  |  |
| January 25, 2019 | Single Occupancy | 2 |  |  |  |
| Date 5 | Check-out | Check out |  |  |  |
|  |  | 102 |  |  |  |

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 | Percentage  Rate | 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 High speed internet connection pricing.

* What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the daily charges for an individual computer connected to the Internet in meeting rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Cost for all guests to be connected to the Internet in the meeting space? \_\_\_\_\_\_\_\_\_\_\_\_\_

(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. | (6) 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. | 2 Risers (general session and lunch) |  |  |
| 7. | 2 Podiums (general session and lunch) |  |  |
| 8. | 2 week cut-off for room block |  |  |
|  | **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: |  |  |  |