**Attachment 5**

**Submission Form for**

**Technical & Cost Proposal**

**(Full Service)**

1. Proposer’s name, address, telephone, email and federal tax identification number.

|  |  |
| --- | --- |
| Firm (Legal Name): |  |
| Federal Tax ID Number: |  |
| Address: |  |
| Address Line 2: |  |
| City, State, Zip Code |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Email Address: |  |
| Web Site: |  |
| Hotel Check – in and Check – out times |  |
| Guest Room Reservation Cancellation Policy |  |

**Please indicate which date(s) you are offering for the program.**

|  |  |  |
| --- | --- | --- |
| **Program date:** | **Yes** | **No** |
| **1st Choice:** March 5-8, 2024 |  |  |
| **2nd Choice:** February 27-March 1, 2024 |  |  |

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

**Program days will be as follows:**

**Day 1:** Tuesday – Set up only

**Day 2:** Wednesday *(Day 1 of the actual program starting at Noon – 5:00 pm)*

**Day 3:** Thursday *(Day 2 of the program starting at 7:00 am – 5:00 pm)*

**Day 4:** Friday *(Day 4 of the program starting at 7:00 am – Noon; Strike Noon – 5pm)*

| **Day/ Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name**  **Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Day 1: Tuesday**  **Set up day only – no meetings** | | | | |
| Noon – 24 hr. hold | CJER Staff office | (4) 6’ tables with 1 chair each | 5 |  |
| Noon – 24 hr. hold | Meeting Planner Office | Conference or existing boardroom | 2 |  |
| Noon – 24 hr. hold | AV Storage room | A room that can be rekeyed w/o air – walls and not a guest room. Located near the meeting space or service elevator and in the same tower/building if applicable.  2 table, 2 chairs | 3 |  |
| Noon – 24 hr. hold | General Session | 17 Crescent rounds of 7.  Riser with panel table for 4 ppl.  Podium and US/CA flags on a riser.  **\*Provide fit to scale diagram\*** | 119 |  |
| Noon – 24 hr. hold | Breakout 1 | 8 rounds of 7. Head table for 2. Space for screen and AV cart.  **\*Provide fit to scale diagram\*** | 50 |  |
| Noon – 24 hr. hold | Breakout 2 | 10 rounds of 5. Head table for 2. Space for screen and AV cart.  **\*Provide fit to scale diagram\*** | 50 |  |
| Noon – 24 hr. hold | Breakout 3 | 6 rounds of 5. Head table for 2. Space for screen and AV cart.  **\*Provide fit to scale diagram\*** | 30 |  |
| Noon – 24 hr. hold | Breakout 4 | 6 rounds of 5. Head table for 2. Space for screen and AV cart.  **\*Provide fit to scale diagram\*** | 30 |  |
| 2:00 pm – 24 hr. hold | Registration Desk | (2) 6ft tables with 4 chairs and (2) 6ft tables against the wall. | Flow |  |
| **Date 2: Wednesday (First day of the program)**  **Program runs from Noon – 5:00 pm** | | | | |
| 24 hr. hold | CJER Staff office | Existing set up | 5 |  |
| 24 hr. hold | Meeting Planner Office | Existing set up | 2 |  |
| 24 hr. hold | AV Storage room | Existing set up | 3 |  |
| 24 hr. hold | Registration Desk | Existing set up | 4 |  |
| 24 hr. hold | General Session | Existing set up | 120 |  |
| 24 hr. hold | Breakout 1 | Existing set up | 50 |  |
| 24 hr. hold | Breakout 2 | Existing set up | 50 |  |
| 24 hr. hold | Breakout 3 | Existing set up | 30 |  |
| 24 hr. hold | Breakout 4 | Existing set up | 30 |  |
| **Date 3: Thursday (Second day of the program)**  **Program runs from 7:30 am – 5:00 pm** | | | | |
| 24 hr. hold | CJER Staff office | Existing set up | 5 |  |
| 24 hr. hold | Meeting Planner Office | Existing set up | 2 |  |
| 24 hr. hold | AV Storage room | Existing set up | 3 |  |
| 24 hr. hold | Registration Desk | Existing set up | 4 |  |
| 24 hr. hold | General Session | Existing set up | 120 |  |
| 24 hr. hold | Breakout 1 | Existing set up | 50 |  |
| 24 hr. hold | Breakout 2 | Existing set up | 50 |  |
| 24 hr. hold | Breakout 3 | Existing set up | 30 |  |
| 24 hr. hold | Breakout 4 | Existing set up | 30 |  |
| 24 hr. hold | Meal Room: Breakfast @7am & Lunch @ noon | Rounds of 9-10  Riser  **\*Provide fit to scale diagram\*** | 120 |  |
| 24 hr. hold | AM Coffee Service @10:30am | Meeting room or foyer, whichever is closest to General session.  **\*Provide fit to scale diagram\*** | 120 |  |
| **Date: Friday (last day of the program)**  **The program ends at Noon and AV strike: Noon – 5 pm** | | | | |
| 24 hr. – 4:00pm | CJER Staff office | Existing set up | 5 |  |
| 24 hr. – 4:00pm | Meeting Planner Office | Existing set up | 2 |  |
| 24 hr. – 6:00pm | AV Storage room | Existing set up | 3 |  |
| 24 hr. – 4:00pm | Registration Desk | Existing set up | 4 |  |
| 24 hr. – 5:00pm | General Session | Existing set up | 120 |  |
| 24 hr. – 5:00pm | Breakout 1 | Existing set up | 50 |  |
| 24 hr. – 5:00pm | Breakout 2 | Existing set up | 50 |  |
| 24 hr. – 5:00pm | Breakout 3 | Existing set up | 30 |  |
| 24 hr. – 5:00pm | Breakout 4 | Existing set up | 30 |  |
| 7:00 am – 9:00 am | Meal Room:  Breakfast | Rounds of 9-10  Riser | 120 |  |
| 10:00am – 11:00am | AM Coffee Service | Meeting room or foyer, whichever is closest to General session. | 120 |  |

**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 the AV staff that will bring the equipment, set up and use during the program will be Judicial Council employees. NO THIRD PARTIES WILL BE USED.*

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

**Are there any future renovation plans in the meeting space and guest rooms during the program dates?**

|  |
| --- |
|  |

1. Propose Meeting and Function Room Rates. Please note the maximum Meeting Room Rental as indicated on the RFP in Section 2. **NOT to 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. | 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: **NOT to 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: |  |  |

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

* 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.
* **Inclusive price NOT to exceed**: Breakfast $25; AM Coffee Break $8; Lunch $40

| Type of Group Meal | Food and Beverage Menu  Provide detailed customized menus | Estimated Number of Meals | **Inclusive Price per person** |
| --- | --- | --- | --- |
| **Thursday (Day 3)** | | | |
| Breakfast Buffet with hot item/protein (ex. Scrambled eggs, bacon)  **$25.00 per person rate - inclusive of tax and service fee** |  | 115 |  |
| AM Coffee Service ***(coffee and tea service only)***  **$8.00 per person rate - inclusive of tax and service fee** |  | 115 |  |
| Lunch – plated only. No buffet (lunch presentation)  **$40.00 per person inclusive of tax and service fee** |  | 115 |  |
| **Friday (Day 4)** | | | |
| Breakfast Buffet with hot item/protein (ex. Scrambled eggs, bacon)  **$25.00 per person rate - inclusive of tax and service fee** |  | 115 |  |
| AM Coffee Service ***(coffee and tea service only)***  **$8.00 per person rate - inclusive of tax and service fee** |  | 115 |  |

|  |  |
| --- | --- |
| **Does the hotel have a coffee shop?** |  |
| **Coffee shop hours:** |  |
| **Does the hotel have an on-site restaurant?** |  |
| **On-site restaurant name and business hours:** |  |

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable. Preference will be given for costs proposed within the maximum rates and fees established by the Judicial Council of California, as set forth below. However **please submit hotel’s best available rate if the county maximum cannot be accommodated.**

**Judicial Council of California’s maximum sleeping room unit rate:**

* San Ramon: $110.00 or best available rate
* San Mateo county: $140 or best available rate
* Sonoma County/ Napa/ Sacramento: $110.00 or best available rate

| **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 with surcharges** |
| --- | --- | --- | --- | --- | --- |
| Tuesday | Single Occupancy | 11 |  |  |  |
| Wednesday | Single Occupancy | 105 |  |  |  |
| Thursday | Single Occupancy | 105 |  |  |  |
| Friday |  | Check out |  |  |  |
|  |  | 221 |  |  |  |

**Propose the cut – off date for reservations (3 weeks prior to arrival): 02/ / 2024**

**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 # | Type | Yes | No | Dollar Amount only – do not add percentage |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate (add rate only if waiver is not accepted) |  |  | $ |
| c. | Tourism (TID) |  |  | $ |
| d. | Surcharge (insert name) |  |  | $ |
| e. | CA Assessment fee: |  |  | $ |

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 | # of Comp parking | Valet Parking Rate | Self – Parking Rate | Oversize vehicles/SUV | In/Out Privileges |
| --- | --- | --- | --- | --- | --- |
| Complimentary parking |  |  |  |  |  |
| Discounted Parking Group 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 in ***guest rooms***? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Propose basic Wi – Fi package rate for 120 people for 3 days (Wednesday, Thursday and Friday) plus tax and service fees (emails only - not streaming): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Propose pricing for 1 dedicated wireless network connections with a band of 10 Mbps (1 laptop will be connected Wednesday, Thursday and Friday with testing on Tuesday.

Include inclusive with tax and service fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are the 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

| Item No. | **Description** | **Approved (please note if approved)** | **Alternative** |
| --- | --- | --- | --- |
| 1. | (8) Complimentary easel stands |  |  |
| 2. | (10) Complimentary basic Wireless Internet for staff |  |  |
| 3. | Complimentary basic wi-fi in all guestrooms |  |  |
| 4. | Complimentary basic wi-fi in all meeting rooms for 120 ppl |  |  |
| 5. | Staff office, Meeting Planner Office and AV storage area on total lock out – complimentary lock out and 3 keys for each room for staff |  |  |
| 6. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room |  |  |
| 7. | (5) Complimentary risers and podiums |  |  |
| 8. | 3 weeks cutoff date |  |  |
| 9. | (10) complimentary parking for event staff |  |  |
| 10. | (6) complimentary flip chart/easels |  |  |
| 11. | In house AV provider to offer 40% discount on any equipment rental for the event |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Additional concessions provided by the hotel:** |  |  |
|  |  |  |  |
|  |  |  |  |

**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.

1. **Signature (must be completed by proposer):**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_. | | | |
| By: |  |  |  |
|  | Signature |  | Print Name |
| Title: |  |  |  |