**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: |  |
| Check – inCheck – out |  |
| Guest Room Reservation Cancellation Policy |  |
| What is the amount held for incidentals upon check – in? |  |
| Does the property accept direct billing (master account)? |  |

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

|  |  |  |
| --- | --- | --- |
| **Program dates (not flexible):**  | **Yes** | **No** |
| August 20 – 22, 2025 |  |  |

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 include floor plan & capacity chart as well as fit to scale diagrams.**

**Program days will be as follows:**

**Day 1:** Wednesday, August 20, 2025 – Set up only.

**Day 2:** Thursday, August 21, 2025 *(Day 1 of the actual program starting at 8:00 am – 5:00 pm)*

**Day 3:** Friday, August 22, 2025 *(Day 2 of the program starting at 7:00 am – 1:00 pm)*

| **Day/ Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name****Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Day 1: Wednesday, August 20, 2025****Set up day only – no meetings**  |
| 8:00 am – 24 hr. hold  | Staff office  | Conference or existing boardroom  | 5 |  |
| 8:00 am – 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. | 3 |  |
| 8:00 am – 24 hr. hold  | Registration Desk | (2) 6ft tables with 4 chairs and (2) 6ft tables against the wall. | Flow |  |
| 8:00 am – 24 hr. hold  | Committee Meeting  | Hollow Square or U-shape | 15 |  |
| 8:00 am – 24 hr. hold | General Session | Rounds of 6.Riser with headtable for 10.**\*Provide fit to scale diagram\*** | 180 |  |
| 8:00 am – 24 hr. hold  | Breakout 1 | Rounds of 6.**\*Provide fit to scale diagram\***  | 90 |  |
| **Date 2: Thursday, August 21, 2025****(First day of the program)****Program runs from 8:00 am – 5:00 pm** |
| 24 hr. hold | Staff office  | Existing set up  | 5 |  |
| 24 hr. hold | AV Storage room  | Existing set up  | 3 |  |
| 24 hr. hold | Registration Desk | Existing set up  | 4 |  |
| 24 hr. hold | Committee Meeting  | Existing set up  | 15 |  |
| 24 hr. hold | General Session | Existing set up  | 180 |  |
| 24 hr. hold | Breakout 1 | Existing set up  | 100 |  |
| 7:30 am – 8:30 am | Breakfast Room | Rounds of 10.Meeting room closest to General session.**\*Provide fit to scale diagram\*** | 180 |  |
| 10:00 am – 11:30 am | AM Coffee Service | Meeting room or foyer, whichever is closest to General session | 180 |  |
| **Date 3: Friday, August 22, 2025 (last day of the program)****The program ends at Noon and AV strike: 1 pm – 4 pm** |
| 24 hr. hold to noon | Staff office  | Existing set up  | 5 |  |
| 24 hr. hold to 4:00 pm | AV Storage room  | Existing set up  | 3 |  |
| 24 hr. hold to noon | Registration Desk | Existing set up  | 4 |  |
| 24 hr. hold to noon | Committee Meeting | Existing set up  | 15 |  |
| 24 hr. hold to 4:00 pm | General Session | Existing set up  | 180 |  |
| 24 hr. hold to 4:00 pm | Breakout 1 | Existing set up  | 100 |  |
| 7:00 am – 8:30 am | Breakfast Room | Existing set up**\*Provide fit to scale diagram\*** | 180 |  |
| 10:00 am – 11:30 am | AM Coffee Service | Meeting room or foyer, whichever is closest to General session | 180 |  |

**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?**

|  |
| --- |
| **If yes, please explain:**  |

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 all inclusive.**

| 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 all inclusive.**

| 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. 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. **Breakfast $25, Coffee Break $8**

| Type of Group Meal | Food and Beverage MenuProvide detailed customized menus | Estimated Number of Meals | **Inclusive Price per person** |
| --- | --- | --- | --- |
| **Thursday, August 21, 2025** |
| Breakfast Buffet with hot item/protein (ex. Scrambled eggs, bacon, fruit, pastries)**$25.00 per person or best available rate** - inclusive of tax and service fee |  | 180 | $25 |
| AM Coffee Service ***(coffee and tea service only)*** **$8.00 per person or best available rate** - inclusive of tax and service fee |  | 180 | $8 |
| **Friday, August 22, 2025** |
| Breakfast Buffet with hot item/protein (ex. Scrambled eggs, bacon, fruit, pastries)**$25.00 per person or best available rate** - inclusive of tax and service fee |  | 180 | $25 |
| AM Coffee Service ***(coffee and tea service only)*** **$8.00 per person or best available rate** - inclusive of tax and service fee |  | 180 | $8 |

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:**

* + Sacramento: $145.00
	+ San Francisco: $270.00
	+ Contra Costa County (San Ramon) and Sonoma County: $110.00
	+ San Mateo County: $222.00
	+ Santa Clara County: $245.00

| **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) | **Confirm daily individual room rate with surcharges**  |
| --- | --- | --- | --- | --- | --- |
| Wednesday, August 20, 2025 | Single Occupancy | 95 |  |  |  |
| Thursday, August 21, 2025 | Single Occupancy | 110 |  |  |  |
| Friday, August 22, 2025 | Check out |  |  |  |  |
|  |  | 205 |  |  |  |

**Propose the cut – off date for reservations (2 weeks prior to arrival): / / 2025**

 **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: |  |  | $ |
|  | **Total Surcharges fees:** |  |  | **$** |

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 180 people for 2 days plus tax and service fee (emails only, not streaming): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Propose pricing for 2 dedicated wireless network connections with a band of 10 Mbps (2 laptops will be connected Thursday and Friday with testing on Wednesday).

 Include inclusive rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

| Item No. | **Description** | **Approved (please note if approved)** | **Alternative**  |
| --- | --- | --- | --- |
| 1. | (10) Complimentary easel stands  |  |  |
| 2. | (5) Complimentary basic Wireless Internet for staff |  |  |
| 3. | Complimentary basic wi-fi in all guestrooms |  |  |
| 4. | Complimentary basic wi-fi in all meeting rooms for 180 ppl |  |  |
| 5. | Staff 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. | Complimentary risers and podiums |  |  |
| 8.  | 2 weeks cut-off date for sleeping rooms |  |  |
| 9. | (10) complimentary parking for event staff daily |  |  |
| 10. | Waived resort or urban fees |  |  |
| 11. | In house AV provider to offer 30% discount on any equipment rental for the event |  |  |
| 12. | Complimentary meeting room rental at 80%+ sleeping room pickup |  |  |
|  | **Additional concessions provided by the hotel:** |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **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:** |  |
| **Walkability to nearby restaurants:** |  |

**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: |  |  |  |