**Attachment 5**

**Submission Form for**

**Technical 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: |  |
| Fax Number: |  |
| Email Address: |  |
| Federal Tax ID Number: |  |

1. Please indicate which dates you are offering for the program

|  |  |
| --- | --- |
| **December 1- 4, 2013** |  |
| **December 8 – 11, 2013** |  |
| **December 15 – 18, 2013** |  |

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.

BTB = Beyond the Bench

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Function** | **Set-up** | **Expected Attendance** | **Room Name, SQ Footage & Description** |
| **Day 1 –**  **Day 4** | 24-hour hold | AV Storage | No set-up | N/A |  |
|  | 24-hour hold | Staff Office Rooms (3) | 2 Rounds of 8; or Hollow Square & tables along 2 walls | 10-20 Staff per room |  |
|  | 24-hour hold | Conference Registration | Build in Registration Desk or 6 tables for registration, materials, chairs | 1500 (flow) |  |
|  |  |  |  |  |  |
| **Day 2 – Day 4** | 24-hour hold | Meeting Room | Hollow Square | 30 |  |
|  | 24-hour hold | Exhibit Space | 15 – 20 Table Tops | Exhibit |  |
|  | | | | | |
| **Day 2 (Monday)** |  |  |  |  |  |
|  | 24-hour hold | Training 1 | Crescent Rounds of 6 | 125 |  |
|  | 24 hours | Meeting 1 | Hollow Square | 30 |  |
|  | 24 hours | Meeting 2 | Hollow Square | 30 |  |
|  | 24 hours | Meeting 3 | Crescent Rounds of 6 | 30 |  |
|  | 6am – 24hours | Breakfast/Lunch  (Training/Meetings) | Rounds | 250 |  |
|  | 24-hour hold | Truancy Summit | Crescent Rounds | 300 |  |
|  | 6am – 24 hours | Truancy Summit Breakfast/Lunch | Rounds | 300 |  |
|  | 4:00 – 8:00 PM | Truancy Summit Welcome Gathering | Reception | 300 |  |
|  | 5:00pm -24 hours | BTB General Session AV Set-up | Rounds or CR | 1100 |  |
|  | | | | | |
| **Day 3 (Tuesday)** | 24 hours | BTB  Breakfast | Buffet (can be in same room as lunch) | 1000 |  |
|  | 24-hour hold | BTB General Session  (Ballroom) | Crescent Rounds or Rounds | 1100 |  |
|  | 24-hour hold | BTB Lunch  (with speaker) | Plated Rounds | 1000 |  |
|  | 24 hours | BTB  2 Breakouts | Crescent Rounds | 35-50 each |  |
|  | 24 hours | BTB  8 Breakouts | Crescent Rounds | 75-100 each |  |
|  | 24 hours | BTB  2 Breakouts | Classroom or Crescent Rounds | 125-150 each |  |
|  | | | | | |
| **Day 4 (Wed)** | 24 hrs – 3p | BTB  Breakfast | Buffet (can be in same room as lunch) | 900 |  |
|  | 24 hrs- 10am | Meeting 4  Breakfast | Buffet | 30 |  |
|  | 24 hrs– 3pm | Judicial Officers  Breakfast | Buffet (can be in same room as lunch) | 75 |  |
|  | 24-hour hold – 6pm | BTB  8 Breakouts | Crescent Rounds of 6 | 50-75 each |  |
|  | 24-hour hold – 6p | BTB  2 Breakouts | Classroom | 125-150  per room |  |
|  | 24-hour- 3pm | BTB Meeting 4 | Hollow Square | 30 |  |
|  | 24 hours – 5p | Judicial Officer General Session | Crescent Rounds | 100 |  |
|  | 24-hour hold | BTB  Lunch | Rounds of 10 | 825 |  |
|  | 24-hour hold | Judicial Officer Lunch | Crescent Rounds of 6 | 75 |  |
|  | 24 hrs – 5p | Judicial Officer  3 Breakouts | Crescent Rounds of 6 | 30-35 per room |  |
|  | | | | | |

Are Meeting and Function Rooms compliant with American Disabilities Act (ADA)?

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

Can the Program use its own audio-visual equipment and labor at no additional charge?

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

Please include an audio-visual price list sheet with this proposal for the Program.

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 |
| --- | --- | --- | --- |
| Sunday | Single/Double Occupancy | 210 |  |
| Monday | Single/Double Occupancy | 550 |  |
| Tuesday | Single/ Double Occupancy | 675 |  |
| Wed | Single/Double Occupancy | 20 |  |
|  |  | 1455 |  |

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

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

1. Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Propose Food and Beverage schedule, including specific menus provided for the unit price indicated on the Form for Submission of Cost Pricing.

| Type of Group Meal | Food and Beverage Menu |
| --- | --- |
| **Sunday** | |
| Lunch |  |
| **Monday** | |
| Breakfast Buffet |  |
| Lunch |  |
| PM Break |  |
| Welcome Gathering |  |
| **Tuesday** | |
| Breakfast Buffet |  |
| Lunch |  |
| PM Break |  |
| **Wednesday** | |
| Breakfast Buffet |  |
| Lunch |  |

Are you able to provide Kosher Meals at the same price as the group rate?

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

If No, What is the cost of Kosher Meals?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate where your Kosher Meals come from:

|  |
| --- |
|  |
|  |

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/Bulletin Board |  |  |
| 2. | (20) Complimentary easels |  |  |
| 3. | (4) Complimentary Wired Internet lines for Registration and Staff Office |  |  |
| 4. | Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff |  |  |
| 5. | (8) Complimentary Parking for event staff |  |  |
| 6. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. (ex: 1/40) |  |  |

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. |
|  |

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

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

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