**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 |  |
| What amount is held upon check-in for incidentals  |  |

|  |  |  |
| --- | --- | --- |
| Please indicate which date(s) The dates are not flexible. | **Yes** | **No** |
| March 17 – 20, 2024 |  |  |
| March 19 - 22, 2024 |  |  |
| April 9 – 12, 2024 |  |  |

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

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** |
| --- | --- | --- | --- | --- |
| **Day 1 (March 17, 19 or April 9)** **Set up day only – no meetings The rooms on day one will be used all week and need to be held on 24 hr. hold every day** |
|  |  |  |  |  |
| Day 1: set up day.5:00 p.m.- 24 hr. hold through day 4 at 1:00 p.m.  | CJER Staff Office  | 2 rounds 3 6’ft against the wall  | 5 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 1:00 p.m. | Meeting Planner & registration staff office  | Conference or existing boardroom  | 6 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 5:00 p.m. | 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 |  |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 1:00 p.m. | Faculty Room  | Two rounds of 5  | 10  |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 1:00 p.m. | Registration  | 2 6ft tables  |  4 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 5:00 p.m. | General Session and reuse for breakout #1 | Crescent rds. of 6 - 7Head table for panel of 5, podium, CA & USA flagsRiser size: 18x8 (16 inches in height). ***We can reuse this room for one of the breakouts, but it cannot be used for meals* \*Provide fit to scale diagram\*** | 180 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 5:00 p.m. | Breakout #2 | Crescent rds of 5 – 6Head table for 3**\*Provide fit to scale diagram\***  | 50 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 5:00 p.m. | Breakout #3 | Crescent rds of 5 – 6Head table for 3**\*Provide fit to scale diagram\***  | 50 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 5:00 p.m. | Breakout #4 | Crescent rds of 5 – 6Head table for 3**\*Provide fit to scale diagram\***  | 50 |  |
| Day 1: set up day5:00 p.m.- 24 hr. hold through day 4 at 5:00 p.m. | Breakout #5 | Crescent rds of 5 – 6Head table for 3**\*Provide fit to scale diagram\***  | 50 |  |
| **Date 2: March 18, 20, or April 10 (first day of the program):** **NO F&B on day 2** |
| 24 hr hold through Friday (day 4) | General Session/ Breakout 1  | Existing set up  | 180 |  |
| 24 hr hold through Friday (day 4) | Breakout 2 | Existing set up  | 50 |  |
| 24 hr hold through Friday (day 4) | Breakout 3 | Existing set up | 50 |  |
| 24 hr hold through Friday (day 4) | Breakout 4 | Existing set up | 50 |  |
| 24 hr hold through Friday (day 4) | Breakout 5 | Existing set up | 50 |  |
| 4:30 – 6:30 p.m.  | No host social gathering  | High boy rounds: location outdoors or in walking distance from hotel restaurant *(for access to grab and go* *IPO F&B)* | 50 - 75 |  |
| **Date 3: March 19, 21 or April 11** **Day 4: March 20, 22, or April 12****Program hours: 7 a.m. – 5:00 p.m.*****\*\*The GS room cannot be used for lunch: Thursday schedule in the GS room is as follows:*** ***8:00 a.m. General session******9:00 a.m. – 12:00 p.m. breakouts including one in the GS room.******12:00 p.m. Separate meal room with panel*** ***1:30 p.m. return to the GS room for plenary or breakout*** |
| 24 hr hold  | General Session/ Breakout 1***\*NO MEALS IN THE GS ROOM*** | Existing set up  | 180 |  |
| 24 hr hold | Breakout 2 | Existing set up  | 100 |  |
| 24 hr hold | Breakout 3 | Existing set up | 50 |  |
| 24 hr hold | Breakout 4 | Existing set up | 50 |  |
| 24 hr hold | Breakout 5 | Existing set up | 50 |  |
| 24 hr hold | Adhoc | Existing set up | 50 |  |
| 7:30 – 9:00 a.m. 12:00 – 1:30 p.m. | **Meal room: Breakfast and Lunch** ***(Thursday: breakfast & lunch with speaker panel. Friday: Breakfast only – no lunch)*** | Rounds of 8 – 10Panel presentation during lunchRiser for with head table for 4 speakers***\*Cannot reuse the General session room for lunch*****\*Provide fit to scale diagram\***  | 200 |  |
| 10:00 – 10:30 a.m.  | AM Coffee Service  | Reuse the meal room or set up in the foyer whichever is closest to the general session room | Flow |  |
| **Date 4** **The program ends at 1:00 p.m.** **AV strike: 1 – 5 p.m.**  |

 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 are*

*Judicial Council employees.*

*NO THIRD PARTIES WILL BE USED*

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

1. Propose Meeting and Function Room Rates. Please note the maximum $10,000.00 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. |  |
| 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 $10,000.00 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: |  |  |

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

\****Please submit hotel’s best pricing if the maximums cannot be accommodated.***

| Type of Group Meal**Day 3** | Food and Beverage Menu**Please provide the customized menu selection that will be provide for each meal and not just the menu title**. **\*Leaving the area blank, or “chefs’ choice, TBD, no details will end up with no points in the evaluation\*** | Estimated Number of Meals | Inclusive Unit Price **per person** | Total Inclusive Cost |
| --- | --- | --- | --- | --- |
|  |  |
| Hot Breakfast Buffet $25.00 pp inclusive of tax and service fee **or best available rate** |  | 199 |  | Inclusive rate $ x 199 = |
| AM Coffee Service ***(coffee and tea only)***$8.00 inclusive of tax and service fee  |  | 199 | Add rate per person - **not per gallon** |  |
| Lunch – plated only. **No buffet** (lunch presentation) $40.00 pp inclusive of tax and service fee **or best available rate** |  | 199 |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Group Meal**Day 4** | Food and Beverage Menu**Please provide the customized menu selection that will be provide for each meal and not just the menu title**. **\*Leaving the area blank, “chefs’ choice, TBD, no details will end up with no points in the evaluation\*** | Estimated Number of Meals | Inclusive Unit Price **per person** | Total Inclusive Cost |
| Hot breakfast Buffet $25.00 pp inclusive of tax and service fee **or best available rate** |  | 199 |  |  |
| AM Coffee Service ***(coffee and tea only)***$8.00 inclusive of tax and service fee  |  | 199 | Add rate per person - **not per gallon** |  |

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable.

o Sonoma County: $110.00 or best available rate

o San Mateo County: $140.00 or best available rate

o San Jose: $140.00 or best available rate

o San Ramon: $110.00 or best available rate

o Sacramento / Rancho Cordova: $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** (without taxes & surcharges) |
| --- | --- | --- | --- | --- |
| Day 1 | King rooms | 10 |  |  |
| Day 2 | King/Double Occupancy | 155 |  |  |
| Day 3 | King/Double Occupancy | 155 |  |  |
| Day 4 | Check-out | Check out |  |  |
|  |  | 320 |  |  |

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 Number | Type | Yes | No | Dollar Amount- **do not add percentage rate** |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate- add only if the city/county does not accept the State occupancy lodging tax waiver  |  |  | $ |
| c. | Tourism surcharge fee **(add tourism name)** |  |  | $ |
| d. | Surcharge **(add surcharge name)** |  |  | $ |
| e. | CA Assessment Fee  |  |  | $ |
| f.  | Add additional surcharge name if applicable |  |  | $ |

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 | Valet Parking Rate  | Self-Parking Rate  | In/Out Privileges |
| --- | --- | --- | --- |
| Discounted Parking Group Rate |  |  |  |
| Normal Hotel Parking Rate |  |  |  |

1. Propose internet pricing.
	* + Basic WIFI for 170 attendees for three days (emails no streaming):

Include tax and service fee to the total **$**

* + - Individual dedicated internet line for meeting rooms (if needed):

Basic wireless network connections (no streaming)

Include **inclusive** rate per line: $

* Guest room Wi-Fi rate:
1. Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1. | (13) Complimentary easel stands  |  |  |
| 2. | (6) Complimentary basic Wireless Internet for Registration and Offices |  |  |
| 3. | Complimentary Wi-Fi in guest rooms  |  |  |
| 4. | Complimentary basic Wi-Fi in meeting rooms |  |  |
| 5. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 6. | Complimentary risers and podiums |  |  |
| 7. | 3-week cut-off date: April 2, 2024 |  |  |
| 8.  | 8 complimentary parking for event staff  |  |  |
| 9. | 1 complimentary bartender for 1 hour no-host social  |  |  |
| 10. | Waived urban or resort fee |  |  |
|  | **Additional concessions provided by the hotel:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Does the hotel have a coffee shop?**  |  |
| **Coffee shop hours:**  |  |
| **Is it a full-service coffee shop or other? Please describe and provide name** |  |

|  |  |
| --- | --- |
| **Does the hotel have restaurant** |  |
| **Restaurants hours:**  |  |
| **Is room service available?**  |  |

**Does the hotel offer complimentary airport shuttle? If so, please provide the hours and location airport pick-up/drop-off.**

|  |
| --- |
|  |
|  |
|  |

**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: |  |  |  |

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