**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, Zipcode |  |
| Contact: |  |
| Title: |  |
| Phone Number: |  |
| Fax Number: |  |
| Email Address: |  |
| Federal Tax ID Number: |  |

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

|  |  |
| --- | --- |
| **April 1 - 5, 2013** |  |
| **April 8 – 12, 2013** |  |
| **April 29 – May 3, 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.

**BRC = Blue Ribbon Commission**

**FDR = Family Dispute Resolutions**

**FLI = Family Law Institute**

**FLF = Family Law Facilitators**

**VAWEP = Violence against Women Education Project**

**A to V = Access to Visitation**

**F& J = Family and Juvenile Law Committee**

**MHIITF = Mental Health Issues Implementation Task Force**

**CJCAC = Collaborative Justice Courts Advisory Committee**

**A&F = Access and Fairness**

**JDIAT = Juvenile Dependency Initial Attorney Training**

**JDM = Juvenile Dependency Mediation**

**Elkins = Elkins Family Law Implementation Task Force**

**AB1058 = Assembly Bill 1058 Child Support Training**

**Meeting Space:**

[Modify Table 1 as necessary – information provided below for sample purposes only:]

| **Date** | **Time** | **Function** | **Location and Sq. Footage** | **Set Up** | **Expected Attendance** |
| --- | --- | --- | --- | --- | --- |
| **DATE 1-5** |  |  |  |  |  |
| Date 1-5 | 3pm – 24 hours | AV Storage |  | N/A | 5 |
| Date 1-5 | 3pm – 24 hours | 4 Staff Office Rooms (FDR, FLI , Staff, Faculty) |  | rounds or hollow sq. | 10-20 staff per room |
| **DATE 2-5** |  |  |  |  |  |
| Date 2 – 5 | 7:00 am–24 hours | Program Registration |  | 6 tables or pre-build area | 100 – 500 (Flow) |
| Date 2- 5 | 7:00am – 24 hours | Meeting  |  | rounds or hollow square | 20-30 |
| **DATE 2-4** |  |  |  |  |  |
| Date 2 - 4 | 9am – 24hours | Meeting (VAWEP -3 days) |  | hollow sq. | 30 |
| **DATE 2** |  |  |  |  |  |
| Date 2 | 6am- 24hours | Breakfast (BRC, Staff) |  | Buffet | 50 |
| Date 2 | 6am- 24hours | Lunch (BRC, Staff) |  | Buffet, plated or boxed | 50 |
| Date 2 | 6am – 24hours | Meeting (A to V) |  | Crescent Rounds | 75 |
| Date 2 | 6am – 24hours | Meeting (BRC) |  | Crescent Rounds | 35 |
| **DATE 3-4** |  |  |  |  |  |
| Date 3-4 | 6am – 24 hours | Meeting (A & F  -2 days – no meals) |  | Crescent Rounds | 40 |
| **DATE 3** |  |  |  |  |  |
| Date 3 | 6:00am – 24 hours | Breakfast (AB1058, F&J, Elkins, Staff) |  | buffet | 110 |
| Date 3 | 6am – 24 hours | 2 Meetings (F& J) |  | Crescent Round | 30 each |
| Date 3  | 6:00am – 24 hours | Meeting (AB1058) |  | Crescent Rounds | 50 |
| Date 3 | 6:00am – 24 hours | Meeting (JDM) |  | Crescent Rounds | 30 |
| Date 3 | 6:00am – 24hours | Meeting (Elkins) |  | Crescent Rounds | 20 |
| Date 3 | 24 hours | Lunch (AB1058, F&J, Elkins, Staff) |  | plated or buffet | 120 |
| Date 3 | 6am – 24 hours | Meeting (FDR) |  | Crescent Rounds | 75 |
| Date 3 | 6am – 24 hours | General Session (FLI) |  | Crescent Rounds  | 130 |
| Date 3 | 6am – 24 hours | 4 Breakouts (FLI)  |  | Crescent Rounds | 30 – 50 each |
| Date 3 | 6am – 24 hours | Meeting (FLF) |  | Crescent Rounds | 50 |
| Date 3 | 6am – 24 hours | Meeting (MHIITF) |  | Crescent Rounds of Hollow Square | 25 |
| Date 3 | 6am – 24 hours | Meeting (CJCAC) |  | Crescent Rounds | 30 |
| **DATE 4** |  |  |  |  |  |
| Date 4 | 24 hours | Breakfast (FDR, VAWEP, FLI, A&F, JDM, Staff) |  | Buffet | 290 |
| Date 4 | 24 hours | Meeting (FDR) |  | Crescent Rounds | 70 |
| Date 4 | 24 hours | Meeting (JDM) |  | Crescent Rounds | 30 |
| Date 4 | 24 hours |  General Session (FLI) |  | Crescent Rounds | 130 |
| Date 4 | 24 hours | 4 Breakouts (FLI)  |  | Crescent Rounds | 30 – 50 each |
| Date 4 | 24 hours | Lunch (FLI) |  | Plated/ rounds | 130 |
| Date 4 | 24 hours | General Session (FDR) |  | Crescent Rounds | 400 |
| Date 4 | 24 hours | 6 Breakouts (FDR) |  | Crescent Rounds | 50 – 150 each |
| **DATE 5** |  |  |  |  |  |
| Date 5 | 24 hours – 5p | Breakfast (FDR/FLI, JDIAT, JDM) |  | Buffet | 734 |
| Date 5 | 24 hours – 5p | General Session (FDR/FLI) |  | Crescent Rounds | 650 |
| Date 5 | 24 hours – 5p | 8 Breakouts (FDR/FLI) |  | Crescent Rounds | 25-125 |
| Date 5 | 24 hours – 5p | Meeting (JDIAT) |  | Crescent Rounds | 100 |
| Date 5 | 24 hours – 3p | Lunch (FDR, Staff) |  | Plated, buffet or boxed | 420 |
| Date 5 | 24 hours – 3p | Lunch (JDIAT – with speaker)) |  | Plated, buffet or boxed | 100 |

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 |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Single/Double Occupancy | 44 |  |  |  |
|  | Single/Double Occupancy | 179 |  |  |  |
|  | Single/Double Occupancy | 222 |  |  |  |
|  | Single/Double Occupancy | 432 |  |  |  |
|  | Single/ Double Occupancy | 3 |  |  |  |
|  |  | 880 |  |  |  |

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 | Proposed Food and Beverage Menu |
| --- | --- |
| **Day 1** |
| Lunch – boxed or buffet |  |
| **Day 2** |
| Breakfast Buffet  |  |
| Lunch- boxed or buffet  |  |
| **Day 3** |
| Breakfast Buffet  |  |
| Lunch Boxed or Buffet  |  |
| **Date 4** |
| Breakfast Buffet  |  |
| Lunch Plated |  |
| Lunch Buffet or Boxed  |  |
| **Day 5** |
| Breakfast Buffet  |  |
| Lunch Plated or Boxed  |  |

 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 |  |  |
| 2. | (25) Complimentary easels |  |  |
| 3. | (8) Complimentary Wired Internet for Registration and Staff Office |  |  |
| 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. | (10) Complimentary parking for event staff |  |  |

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.**