**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 |  |

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

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| August 15 - 17, 2018(Dates are not flexible) |  |  |

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

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name****Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Wednesday, August 15, 2018 Set up day** **Thursday, August 16 – Same rooms (1st day of program)** |
| 6:00 p.m. – 24 hr hold through 2:00 p.m. on Friday | Staff office  | Board room or conference set up | 10  |  |
| 6:00 p.m. – 24 hr hold through 2:00 p.m. on Friday | AV Storage Room –.  | Empty room  |  |  |
| 6:00 p.m. – 24 hr hold through 2:00 p.m. on Friday | Registration Desk  | 2 six foot tables, 4 chairs, 2 school room tables against the wall for materials  | Flow  |  |
| 6:00 p.m. – 24 hr hold through 2:00 p.m. Frid.  | General Session  | crescent rounds of 6, Riser w/ head table for 8, podium | 140 – 150  |  |
| 6:00 p.m. – 24 hr hold through 2:00 p.m. Frid. | AC chairs/Staff Meeting | Hollow Square  | 20  |  |
| 6:00 p.m. – 24 hr hold through 2:00 p.m. Frid. | Adhoc Meeting  | Crescent rounds  | 20 - 30 |  |
| 6:00 p.m. – 24 hr hold through 2:00 p.m. Frid | Breakout  | Crescent rounds  | 40 - 60 |  |
| **Thursday, August 16, 2018 (2nd day of program)****Same rooms as Wednesday plus:**  |
| 7:00 – 11:00 a.m. through Friday | Meal room  | Rds of 10 \*Flow arrival - the room does not have to fit 150 as guest will arrive at a flow  | 140 - 150 |  |
| 6:00 p.m.– 24 hr through Friday 2p.m.  | CEAC Business meeting **Set up only** | Crescent rds of 6Riser w/ head table for 8  | 70 - 80 |  |
| **Friday, August 17, 2018 (3rd day of program)****Same meeting rooms as Wednesday and Thursday** |
| 12:30 – 2:00 p.m.  | AV strike of all meeting rooms |  |  |  |

 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?

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

1. Propose Meeting and Function Room Rates. Please note the maximum Meeting Room Rental of $8,000.00 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. | 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:**

| 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.

| Type of Group Meal | **Food and Beverage Menu****Please provide the menu selection that will be provide for each meal and not just the menu title**.  | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Thursday**  |
| Breakfast Buffet w/ a hot protein $25.00 inclusive of tax and service charge  |  | 140 |  |
| Coffee/Tea Service only (no food)$8.00 inclusive of tax and service charge |  | 140 |  |
| **Friday** |
| Breakfast Buffet w/ a hot protein $25.00 inclusive of tax and service charge  |  | 140 |  |
| Coffee/Tea Service only (no food)$8.00 inclusive of tax and service charge |  | 140 |  |

|  |  |
| --- | --- |
| **Does the hotel have a coffee shop?**  |  |
| **Coffee shop hours:**  |  |

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** | **Confirm daily room rate** (w/o taxes & surcharges) | **Confirm daily individual room rate w/ surcharges**  |
| --- | --- | --- | --- | --- | --- |
| Wednesday, August 15 , 2018 | Single/Double Occupancy | 25 |  |  |  |
| Thursday, August 16, 2018 | Single/Double Occupancy | 115 |  |  |  |
| Friday  | Check-out  |  |  |  |  |
| 135 |  | 140 |  |  |  |

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

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

Requesting 3 cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate: Add rate only if wavier is not accepted |  |  | $ |
| c. | Tourism |  |  | $ |
| d. | Surcharge \_\_\_\_\_\_\_\_\_\_\_: |  |  | $ |

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 | Number of Complimentary parking | Valet Parking Rate  | Self Parking Rate  | Oversize vehicles/SUV  | In/Out Privileges |
| --- | --- | --- | --- | --- | --- |
| Complimentary parking  |  |  |  |  |  |
| Discounted Parking Group Rate |  |  |  |  |  |
| Normal Hotel Parking Rate |  |  |  |  |  |

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. | (5)Complimentary easels |  |  |
| 3. | (6) Complimentary wireless Internet for Registration, Staff Office and faculty  |  |  |
| 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. | Contracted rate available two days pre/post |  |  |
| 7. | 3 week cut off: July 25, 2018 |  |  |
| 8. | Complimentary risers and podiums |  |  |
| 9.  | (6) Complimentary parking  |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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.

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**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.

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

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