**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** |
| April 23 – 27, 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** |
| --- | --- | --- | --- | --- |
| **Tuesday, April 24, 2018** |
| 7:00 a.m. – 24 hr hold | General Session  | Head table for 4 6 Crescent rds of 5 | 30  |  |
| 7:00 a.m. – 24 hr hold  | Registration  | 1. 6ft table outside of the GS room
 | 30 |  |
| **Wednesday, April 25, 2018**  |
| 7:00 a.m. – 5:00 p.m.  | General Session  | Head table for 4 6 Crescent rds of 5 | 30  |  |
| 8:00 a.m. – 3:00 p.m.  | Breakout 1 | Same room as GS | 6 |  |
| 8:00 a.m. – 3:00 p.m.  | Breakout 2 | 1 round and head table for 1 | 6 |  |
| 8:00 a.m. – 3:00 p.m.  | Breakout 3 | 1 round and head table for 1 | 6 |  |
| 8:00 a.m. – 3:00 p.m.  | Breakout 4 | 1 round and head table for 1 | 6 |  |
| 8:00 a.m. – 3:00 p.m.  | Breakout 5 | 1 round and head table for 1 | 6 |  |
| Meal room will be inside the general session room  |  |  |  |  |

 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 |
| --- | --- | --- | --- |
| **Tuesday** |
| Coffee/Tea Service only (no food)$8.00 per person inclusive of tax and service charge  |  | 28 |  |
| Lunch up to $40.00 maximum per person inclusive of tax and service fee |  | 28 |  |
| **Wednesday** |
| Breakfast up to $25.00 maximum per person inclusive of tax and service fee |  | 24 |  |
| Lunch up to $40.00 maximum per person inclusive of tax and service fee |  | 28 |  |

|  |  |
| --- | --- |
| **Is there a coffee shop at the hotel?**  |  |
| **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 (no tax)** |
| --- | --- | --- | --- | --- | --- |
| Monday, April 23, 2018 | Single/Double Occupancy | 4 |  |  |  |
| Tuesday, April 24, 2018 | Single/Double Occupancy | 10 |  |  |  |
| Wednesday, April 25, 2018 | Single/Double Occupancy | 15 |  |  |  |
| Thursday, April 26, 2018 | Single/Double Occupancy | 15 |  |  |  |
| Friday  | Check-out  |  |  |  |  |
| 135 |  | 44 |  |  |  |

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 surcharge  |  |  | $ |
| d. | Other 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  |
| --- | --- | --- | --- |
| 2. | Complimentary Breakfast  |  |  |
| 3. | Complimentary Parking  |  |  |
| 4. | Comp WI-FI in meeting space  |  |  |
| 5. | Comp WI-FI in guest rooms  |  |  |
| 6. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 7. | 3 week cut off: April 2, 2018 |  |  |
| 8. | Complimentary risers and podiums |  |  |
|  | **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: |  |  |  |