**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 theprogram:

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| Date 1March 14-17, 2021 |  |  |
| Date 2March 16-19, 2021 |  |  |
| Date 3March 21-24, 2021 |  |  |

|  |  |  |
| --- | --- | --- |
| **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** |
| --- | --- | --- | --- | --- |
| **Date 1 (Set Up Day)** |
| 3 pm – 24 hr hold | On-Site Staff Office | 1 round w/ 5 chairs3 6ft tables along perimeter wall near electrical for work stations | 6 |  |
| 3 pm – 24 hr hold | AV Storage/Office | 2 – 6ft tables w/ 2 chairs each | 3 |  |
| 3 pm – 24 hr hold | CHP Office | 3 rounds of 6\*\*Must meet CDC Guidelines\*\* | 18 |  |
| 3 pm – 24 hr hold | General Session | Crescents RoundsRiser/Head TableLecternObserver Table w/ 2 chairs\*\*Must meet CDC Guidelines\*\* | 100 |  |
| **Date 2 – Program Day 1****1:00 – 6:00 PM** |
| 24 hr hold | On-Site Staff Office | 1 round w/ 5 chairs3 6ft tables along perimeter wall near electrical for work stations | 6 |  |
| 24 hr hold | AV Storage/Office | 2 – 6ft tables w/ 2 chairs each | 3 |  |
| 24 hr hold | CHP Office | 3 rounds of 6 | 18 |  |
| 24 hr hold | General Session | Crescents RoundsRiser/Head TableLecternObserver Table w/ 2 chairs\*\*Must meet CDC Guidelines\*\* | 110 |  |
| 6 am – 24 hold | Registration | 2 – 6ft tables2- 6 ft tables placed along back wall for materials | 2 |  |
| 6 am – 24 hr hold | Faculty Office | Conference\*\*Must meet CDC Guidelines\*\* | 6 |  |
| 6 am - 24 hr hold | Break Out 1 | Crescents\*\*Must meet CDC Guidelines\*\* | 50 |  |
| 6 am – 24 hr hold | Break Out 2 | Crescents\*\*Must meet CDC Guidelines\*\* | 40 |  |
|  10 am - 24 hr hold | Break Out 3 | Crescents\*\*Must meet CDC Guidelines\*\* | 25 |  |
| 10 am – 24 hr hold | Break Out 4 | Crescents\*\*Must meet CDC Guidelines\*\* | 10 |  |
| 10 am – 24 hold | Break Out 5  | Crescents\*\*Must meet CDC Guidelines\*\* | 10 |  |
|  |  |  |  |  |
| **Date 3****Program Day 2****7:00 am – 6:00 pm** |
| 24 hr hold | On-Site Staff Office | 1 round w/ 5 chairs3 6ft tables along perimeter wall near electrical for work stations | 6 |  |
| 24 hr hold | AV Storage/Office | 2 – 6ft tables w/ 2 chairs each | 3 |  |
| 24 hr hold | CHP Office | 3 rounds of 6 | 18 |  |
| 6 am – 24 hold | Registration/Information Desk | 2 – 6ft tables2- 6 ft tables placed along back wall for materials | 2 |  |
| 7 – 8:30 | Breakfast  | Rounds\*\*Must meet CDC Guidelines\*\* | 110 |  |
| 10 – 10:30 am | AM Coffee Service |  | 110 |  |
| 12 – 1:30 pm | Lunch w/ Speaker | RoundsRiser/Lectern\*\*Must meet CDC Guidelines\*\* | 110 |  |
| 24 hr hold | General Session | Crescents RoundsRiser/Head TableLecternObserver Table w/ 2 chairs\*\*Must meet CDC Guidelines\*\* | 110 |  |
| 24 hr hold | Faculty Office | Conference\*\*Must meet CDC Guidelines\*\* | 6 |  |
| 24 hr hold | Break Out 1 | Crescents\*\*Must meet CDC Guidelines\*\* | 50 |  |
| 24 hr hold | Break Out 2 | Crescents\*\*Must meet CDC Guidelines\*\* | 40 |  |
| 24 hr hold | Break Out 3 | Crescents\*\*Must meet CDC Guidelines\*\* | 25 |  |
| 24 hr hold | Break Out 4 | Crescents\*\*Must meet CDC Guidelines\*\* | 10 |  |
| 24 hold | Break Out 5  | Crescents\*\*Must meet CDC Guidelines\*\* | 10 |  |
| **Date 4 – Program Day 3****7:00 am – 1:00 pm** |
| 6 am – 3 pm | On-Site Staff Office | 1 round w/ 5 chairs3 6ft tables along perimeter wall near electrical for work stations | 6 |  |
| 6 am – 7 pm | AV Storage/Office | 2 – 6ft tables w/ 2 chairs each | 3 |  |
| 6 am – 3 pm | CHP Office | 3 rounds of 6 | 18 |  |
| 6 am – 1 pm | Registration/Information Desk | 2 – 6ft tables2- 6 ft tables placed along back wall for materials | 2 |  |
| 7 – 8:30 | Breakfast  | Rounds\*\*Must meet CDC Guidelines\*\* | 110 |  |
| 10 – 10:30 am  | AM Coffee Service |  | 110 |  |
| 6 am – 2 pm | General Session | Crescents RoundsRiser/Head TableLecternObserver Table w/ 2 chairs\*\*Must meet CDC Guidelines\*\* | 110 |  |
| 6 am – 1 pm | Faculty Office | Conference\*\*Must meet CDC Guidelines\*\* | 6 |  |
| 6 am – 1 pm | Break Out 1 | Crescents\*\*Must meet CDC Guidelines\*\* | 50 |  |
| 6 am – 1 pm | Break Out 2 | Crescents\*\*Must meet CDC Guidelines\*\* | 40 |  |
| 6 am – 1 pm | Break Out 3 | Crescents\*\*Must meet CDC Guidelines\*\* | 25 |  |
| 6 am – 1 pm | Break Out 4 | Crescents\*\*Must meet CDC Guidelines\*\* | 10 |  |

 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 |  |

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

1. Propose Meeting and Function Room Rates. Please note the maximum 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. | 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 | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Date 3** |
| Breakfast  |  | 110 | $25 pp |
| AM Coffee Service |  | 110 | $8 pp |
| Lunch |  | 110 | $40 pp |
| **Date 4** |
| Breakfast  |  | 110 | $25 pp |
| AM Coffee Service |  | 110  | $8 |

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 and/or tax (if applicable** |
| --- | --- | --- | --- | --- | --- |
| Date 1 | Single Occupancy | 10 |  |  |  |
| Date 2 | Single Occupancy | 90 |  |  |  |
| Date 3 | Single Occupancy | 90 |  |  |  |
| Date 4 |  Single Occupancy | 2 |  |  |  |
| Date 5 | Check-out | Check out |  |  |  |
|  |  | 192 room nights |  |  |  |

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

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

Propose the 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 | PercentageRate  | Dollar Amount |
| --- | --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |  |
| b. | Occupancy Tax rate: |  |  |  | $ |
| c. | Tourism, State Tax or Surcharge: |  |  |  | $ |
| d. | Tourism, State Tax or 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. Propose WIFI pricing.
* What are the daily charges for WIFI in guest rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the charges for WIFI packages in meeting rooms?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Please propose the lowest package rate possible)

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. | (4) Complimentary Wireless Internet for Registration and Offices |  |  |
| 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. |  |  |
|  | **Additional concessions:** |  |  |
|  | Complimentary Meeting Room WIFI |  |  |
|  | Complimentary Guest Room Internet |  |  |
|  | (5) Complimentary Parking Passes per day |  |  |

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.

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

**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: |  |  |  |