

**Attachment 5  
Submission Form for  
Technical Proposal  
(Full Service)**

A. 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:	

B. Please Indicate which dates you are offering for the program

October 16-18, 2013	
October 21-23, 2013	
October 28-30, 2013	

C. **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.

<b>Time</b>	<b>Function</b>	<b>Set Up</b>	<b>Expected Attendance</b>	<b>Room Name Sq. Footage</b>
<b>Day 1 (October 16, October 21 or October 28)</b>				
8am – 24 hour hold	Staff Office	2 rounds of 5	flow	
8am – 24 hour hold	AV Storage	Empty Room		
8am – 24 hour hold	Faculty Room	Conference	4-8	

<b>Time</b>	<b>Function</b>	<b>Set Up</b>	<b>Expected Attendance</b>	<b>Room Name Sq. Footage</b>
8:0am – 4:00pm	Registration	Registration (outside General Session Room)		
8am – 24 hour hold	General Session	Rounds of 5	90	
11am – 24 hour hold	Breakout #1	Rounds of 5	35	
11am – 24 hour hold	Breakout #2	Rounds of 5	30	
11am – 24 hour hold	Breakout #3	Rounds of 5	30	
<b>Day 2 (October 17, October 22 or October 29)</b>				
24 hour hold	Staff Office	2 rounds of 5	flow	
24 hour hold	AV Storage	Empty Room		
24 hour hold	Faculty Room	Conference	4-8	
24 hour hold 7am – 5pm	General Session	Rounds of 5	90	
7:30am – 8:30am	Continental Breakfast	Rounds of 8-10	90 Flow	
24 hour hold 7am – 5pm	Breakout #1	Rounds of 5	35	
24 hour hold 7am – 5pm	Breakout #2	Rounds of 5	30	
24 hour hold 7am – 5pm	Breakout #3	Rounds of 5	30	
24 hour hold 7am – 5pm	Lunch with speaker	Rounds of 8-10 Head table on a Stage for 3 Standing Podium	90	
<b>Day 3 (October 18, October 23 or October 30)</b>				
24 hour hold	Staff Office	2 rounds of 5	flow	
24 hour hold	AV Storage	Empty Room		
24 hour hold	Faculty Room	Conference	4-8	
24 hour hold 7am – 5pm	General Session	Rounds of 5	90	
7:30am – 8:30am	Continental Breakfast	Rounds of 8-10	90 Flow	
24 hour hold 7am – 5pm	Breakout #1	Rounds of 5	35	
24 hour hold 7am – 5pm	Breakout #2	Rounds of 5	30	
24 hour hold 7am – 5pm	Breakout #3	Rounds of 5	30	
24 hour hold	Staff Office	2 rounds of 5	flow	

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.

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

<b>Date</b>	<b>Type of Sleeping Room</b>	<b>Estimated Number of Sleeping Rooms</b>	<b>Requested Upgrades at Group Rate</b>	<b>Confirm Number of Rooms able to provide</b>	<b>Confirm Number of Upgrades able to provide</b>
October 16, 21 or 28	Single/Double Occupancy	75	0		
October 17, 22 or 29	Single/Double Occupancy	75	0		
		150			

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

Yes	
No	

E. Propose the cut-off date for reservations: \_\_\_\_\_

F. Propose Food and Beverage schedule, including specific menus provided for the unit price indicated on the Form for Submission of Cost Pricing.

<b>Type of Group Meal</b>	<b>Food and Beverage Menu</b>
<b>Day 1 (October 16, October 21 or October 28)</b>	
PM Break (includes beverages and snack)	
<b>Day 2 (October 17, October 22 or October 29)</b>	
Breakfast Buffet (includes hot protein)	
AM Break	
Lunch	
PM Break (includes beverages and snack)	
<b>Day 3 (October 18, October 23 or October 30)</b>	
Breakfast Buffet	

Type of Group Meal (includes hot protein)	Food and Beverage Menu
AM Break	

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:

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**G. 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.	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.		

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

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By: \_\_\_\_\_

Attachment 5

RFP Title: *PJ/CEO Court Management Program*

RFP Number: *CRS SP 043*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Title: \_\_\_\_\_