**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 Time |  |
| Hotel Check-out Time |  |
| Guest Room Reservation Cancellation Policy |  |

|  |  |  |
| --- | --- | --- |
| Please indicate which date(s)  you are offering for theprogram  **Dates** | **Yes** | **No** |
| 1st Choice: March 6-9, 2018 |  |  |
| 2nd Choice: March 13-16, 2018 |  |  |
| 3rd Choice: March 11-14, 2018 |  |  |

|  |  |  |
| --- | --- | --- |
| **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** | | | | |
| 12:00pm-24 hours | CJER Office | 1 round, 4 6’ tables for materials | 5 |  |
| 12:00pm-24 hours | AV | 1 6’ table for 2 | 2 |  |
| **Date 2** | | | | |
| 24 hours | CJER Office | 1 round, 4 6’ tables for materials | 5 |  |
| 24 hours | AV | 1 6’ table for 2 | 2 |  |
| 7:00am-24 hours | Faculty Room | Conference | 6 |  |
| 7:00am – 5:00pm | Registration | 2 6’ tables, 2 chairs | flow |  |
| 6:00am – 24 hours | General Session | Crescent Rounds of 5, riser with head table for 3 | 185 |  |
| 6:00am – 24 hours | Breakout #1 | Crescent Rounds of 5, head table for 3 | 60 |  |
| 6:00am – 24 hours | Breakout #2 | Crescent Rounds of 5, head table for 3 | 60 |  |
| 6:00am – 24 hours | Breakout #3 | Crescent Rounds of 5, head table for 3 | 40 |  |
| 6:00am – 24 hours | Breakout #4 | Crescent Rounds of 5, head table for 3 | 40 |  |
| **Date 3** | | | | |
| 24 hours | CJER Office | 1 round, 4 6’ tables for materials | 5 |  |
| 24 hours | AV | 1 6’ table for 2 | 2 |  |
| 24 hours | Faculty Room | Conference | 6 |  |
| 24 hours | General Session | Crescent Rounds of 5, riser with head table for 3 | 185 |  |
| 24 hours | Breakout #1 | Crescent Rounds of 5, head table for 3 | 60 |  |
| 24 hours | Breakout #2 | Crescent Rounds of 5, head table for 3 | 60 |  |
| 24 hours | Breakout #3 | Crescent Rounds of 5, head table for 3 | 40 |  |
| 24 hours | Breakout #4 | Crescent Rounds of 5, head table for 3 | 40 |  |
| 11:30am-1:00pm | Lunch (no speaker) | Rounds of 8-90 | 185 |  |
| **Date 4** | | | | |
| 24 hours-2:00pm | CJER Office | 1 round, 4 6’ tables for materials | 5 |  |
| 24 hours | AV | 1 6’ table for 2 | 2 |  |
| 24 hours-1:00pm | Faculty Room | Conference | 6 |  |
| 24 hours-2:00pm | General Session | Crescent Rounds of 5, riser with head table for 3 | 185 |  |
| 24 hours-2:00pm | Breakout #1 | Crescent Rounds of 5, head table for 3 | 60 |  |
| 24 hours-2:00pm | Breakout #2 | Crescent Rounds of 5, head table for 3 | 60 |  |
| 24 hours-2:00pm | Breakout #3 | Crescent Rounds of 5, head table for 3 | 40 |  |
| 24 hours-2:00pm | Breakout #4 | Crescent Rounds of 5, head table for 3 | 40 |  |
| **Date 4** | | | | |
| 24 hours-10:00am | AV | 1 6’ table for 2 | 2 |  |

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 Buffet |  | 200 |  |
| AM Coffee Service |  | 200 |  |
| Lunch |  | 200 |  |
| **Date 4** | | | |
| Breakfast Buffet |  | 200 |  |
| AM Coffee Service |  | 200 |  |

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 | 6 |  |  |  |
| Date 2 | Single Occupancy | 137 |  |  |  |
| Date 3 | Single Occupancy | 137 |  |  |  |
| Date 4 | Single Occupancy | 2 |  |  |  |
| Date 5 | Check-out | Check out |  |  |  |
|  |  |  |  |  |  |

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 | Percentage  Rate | 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 High speed internet connection pricing.

* What are the daily charges for an individual computer connected to the Internet in meeting rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the daily charges for computer connection for individual guests? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are there additional charges for multiple computers connected to the Internet where the client provides the necessary networking hardware? Yes ⬜ No ⬜ . If yes, how much per day? \_\_\_\_\_\_\_\_\_\_\_\_\_

(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 2 keys each for staff |  |  |
| 5. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 6. | Complimentary riser & podium |  |  |
|  | **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: |  |  |  |