**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 date(s) you are offering for the program:

|  |  |
| --- | --- |
| **Dates (dates not flexible)** | **Yes** |
| December 1 – 4, 2015 |  |

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. PLEASE INCLUDE A DIAGRAM/MAP OF MEETING SPACE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Function** | **Set-up** | **Expected Attendance** | **Room Name, SQ Footage & Description** |
| **Mon-Fri** |  |  |  |  |  |
| **Day 1 –** **Day 5 (all program days)** | 3pm - 24-hour hold | AV Storage Room | 2 6ft tables around perimeter | 5 |  |
|  | 3pm - 24-hour hold | Staff Office Rooms (3) | 2 Rounds of 8;or Hollow Square & tables along 2 walls | 10-20 Staff per room |  |
|  | 3pm - 24-hour hold | Conference Registration | 3 Build in Registration Desks or 6 tables for registration, materials, chairs | 1200 (flow) |  |
|  |  |  |  |  |  |
| **Tue – Fri** |  |  |  |  |  |
| **Day 2 – Day 5** | 24-hour hold | Faculty Hospitality Meeting Room | Hollow Square | 30 |  |
|  | 24-hour hold | Exhibit Space /Knowledge Fair (space must have multiple internet conx’s) | 15 – 20 Table Tops (in Foyer preferred, close to all meeting space) | Exhibit Flow |  |
|  |
| **Tuesday** |  |  |  |  |  |
| **Day 2**  | 7am –24 hours | Training 1 | Crescent Rounds of 6 | 100 |  |
|  | 7am –24 hours | Meeting 1 | Crescent Rounds of 6 | 80 |  |
|  | 7am –24 hours | Training 2 | Crescent Rounds of 6 | 100 |  |
|  | 7am –24 hours | Meeting 2 | Crescent Rounds of 6 | 80 |  |
|  | 24 hours | Meeting 3 | Crescent Rounds of 6 | 50 |  |
|  | 11:30am –24 hours | Lunch | Rounds | 20 |  |
|  | 3:00pm | PM Break | Buffet | 150 |  |
|  | 5:00pm – 24 hours | Plenary SessionAV set-up | Rounds or Crescent Rounds | 1200 |  |
|  | 5:00pm –24 hours | 4 BreakoutsAV set-up | Crescent Rounds | 35-50 each |  |
|  | 5:00pm –24 hours | 8 Breakouts –AV set-up | Crescent Rounds | 75-100 each |  |
|  | 5:00pm –24 hours | 4 Breakouts – AV set-up | Classroom or Crescent Rounds | 125-150 each |  |
|  |
| **Wednesday** |  |  |  |  |  |
| **Day 3** | 24 hours | Breakfast | Buffet | 350 |  |
|  | 24 hours | AM Break | Buffet | 350 |  |
|  | 24-hours | Plenary and Lunch(Ballroom) | Crescent Rounds or Rounds | 1100 |  |
|  | 24 hours | PM Break | Buffet | 1000 |  |
|  | 24 hours | 4 Breakouts | Crescent Rounds | 35-50 each |  |
|  | 24 hours | 8 Breakouts | Crescent Rounds | 75-100 each |  |
|  | 24 hours | 4 Breakouts | Classroom or Crescent Rounds | 125-150 each |  |
|  |
| **Thursday** |  |  |  |  |  |
| **Day 4** | 24 hours | Breakfast | Buffet | 1000 |  |
|  | 24 hours | AM Break | Buffet | 1000 |  |
|  | 24-hours | Plenary(Ballroom) | Crescent Rounds or Rounds | 1200 |  |
|  | 24-hour hold | Lunch(can be in the same space as morning plenary) | Rounds of 10 | 1200 |  |
|  | 24 hours | PM Break | Buffet | 1000 |  |
|  | 24 hours | 4 Breakouts | Crescent Rounds | 35-50 each |  |
|  | 24 hours | 8 Breakouts | Crescent Rounds | 75-100 each |  |
|  | 24 hours | 4 Breakouts | Classroom or Crescent Rounds | 125-150 each |  |
|  | 5:0pm – 8pm  | Leadership Gathering with Chief Justice | Buffet (reception style) | 450 (flow) |  |
|  |
| **Friday** |  |  |  |  |  |
| **Day 5** | 24 hours | Breakfast | Buffet | 450 |  |
|  | 24 hours | AM Break | Buffet | 450 |  |
|  | 24-hour hold | Lunch -boxed(can be in the ballroom same as breakfast) | Rounds of 10 (boxed) | 300 |  |
|  | 24 hours -5pm | PM Break | Buffet | 300 |  |
|  | 24 hours -5pm | 6 Breakouts | Crescent Rounds | 75-100 each |  |
|  | 24 hours – 5pm | 4 Breakouts | Classroom or Crescent Rounds | 50-150 each |  |
|  |

 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. | Request Complimentary (if possible) |
| 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 detailed Food and Beverage schedule, including specific menus provided for the unit price indicated: **(Ex: Hot breakfast, AM/PM breaks: coffee/tea/soda, healthy and junk food items, Lunch: 3 course, plated, boxed and buffet options).**

| Type of Group Meal | Unit price  | Food and Beverage Menu | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- | --- |
|  |  | **Day 2** |  |  |
| Lunch (boxed or buffet) | $32.00  |  | 20 |  |
| PM Break  | $15.00  |  | 150 |  |
|  |  | **Day 3** |  |  |
| Breakfast Buffet  | $25.00  |  | 350 |  |
| AM Break | $15.00 |  | 350 |  |
| Lunch (plated) | $40.00 |  | 1100 |  |
| PM Break  | $15.00  |  | 1000 |  |
|  |  | **Day 4**  |  |  |
| Breakfast Buffet  | $25.00  |  | 1000 |  |
| AM break  | $15.00  |  | 1000 |  |
| Lunch (plated) | $40.00  |  | 1200  |  |
| PM Break  | $15.00  |  | 1000 |  |
| Leadership Gathering with Chief Justice (reception style) | $28.00 |  | 450 |  |
|  |  | **Day 5** |  |  |
| Breakfast Buffet  | $25.00  |  | 450 |  |
| AM break  | $15.00  |  | 450 |  |
| Lunch (boxed or buffet)  | $32.00 |  | 300 |  |
| PM Break | $15.00  |  | 300 |  |

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 Requested | **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 | 20 |  |  |  |
| Date 2 | Single Occupancy | 400 |  |  |  |
| Date 3 | Single Occupancy | 700 |  |  |  |
| Date 4 | Single Occupancy | 400 |  |  |  |
| Date 5 | SingleOccupancy | 20 |  |  |  |
|  |  | 1540 |  |  |  |

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 High speed internet connection pricing:
* What are the daily (inclusive) charges for computer connection for individual guests in sleeping rooms? Cost amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or complimentary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the daily (inclusive) charges for an individual computer connected to the Internet in meeting rooms? Wi-Fi\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hardline\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Lowest (inclusive) packaged rate during program dates: WiFi\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hardline\_\_\_\_\_\_\_\_\_\_\_\_\_
* Are there any 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 inclusive package rate possible)
1. Concessions/Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1. | Complimentary Registration area telephone/Bulletin Board |  |  |
| 2. | (20) Complimentary easels  |  |  |
| 3. | (8) Complimentary Wi-Fi lines for Registration and Staff Office |  |  |
| 4. | Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff |  |  |
| 5. | (8) Complimentary Parking for event staff |  |  |
|  | **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: |  |  |  |

**The Judicial Council of California, Conference & Registration Services does not retain the services of third party or outsourced representation. All quoted rates are to be net, not commissionable.**