**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 1 |  |  |
| Date 2 |  |  |

|  |  |  |
| --- | --- | --- |
| **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 (Sunday or Tuesday) The rooms on day one will be used on days 1 – 4 (24 hr hold)** | | | | |
|  |  |  |  |  |
| Sunday: 3:00 – 24 hr hold through Wednesday 2 p.m.  OR Tuesday: 5:00 p.m. – 24 hr hold – Friday at 2:00 p.m. | Staff Office | Conference or Existing Boardroom | 6 |  |
| Sunday: 3:00 – 24 hr hold through Wednesday 4:00 p.m.  OR Tuesday: 5:00 p.m. – 24 hr hold – Friday at 4:00 p.m. | AV Storage room | A room that can be rekeyed w/o air-walls, preferably not a guest room. Close to the meeting space or service elevator. |  |  |
| Sunday: 3:00 – 24 hr hold through Wednesday 2:00 p.m.  OR Tuesday: 5:00 p.m. – 24 hr hold – Friday at 2:00 p.m. | Registration | 2 6ft tables | 2 - 4 |  |
| Sunday: 3:00 – 24 hr hold through Wednesday 3:00 p.m.  OR Tuesday: 5:00 p.m. – 24 hr hold – Friday at 3:00 p.m. | General Session | Crescent rds of 5 – 6  Riser for panel of 3- 5  Podium  **\*Provide fit to scale diagram\*** | 110 – 120 |  |
| Sunday: 3:00 – 24 hr hold through 12:00 p.m. OR Tuesday 5 p.m. – Wednesday 12 p.m. | Pre-Institute | Crescent rds of 5 | 30 – 40 |  |
| Sunday: 3:00 – 24 hr hold through Wednesday 2 p.m.  OR Tuesday: 5:00 p.m. – 24 hr hold – Friday at 2:00 p.m. | Faculty Room | Conference | 10 |  |
| **Date 2 – Monday or Wednesday** | | | | |
| 8:30 a.m. – 12:00 p.m. | Pre-Institute | Existing set up | 30 – 40 |  |
| 7 – 8:30 a.m. | Breakfast | Hotel restaurant breakfast vouchers (max allowance $25.00 inclusive of tax and service fee) or meeting room set up in Crescent rounds of 10  \*Outdoor space is fine as long as it’s in a covered area or w/ table umbrellas | 30 – 40 |  |
| 12:00 – 1:00 p.m. | Lunch | Crescent rds of 10  ***\*outdoor space is okay in covered area or table umbrellas\**** | 30 – 40 |  |
| 24 hr hold | General Session | Existing set up | 110 – 120 |  |
| 24 hour hold thru day 3 at 3:00 p.m. | Breakout #1 | Crescent rds of 5 – 6  Headtable for 3  Riser  **\*Provide fit to scale diagram\*** | 60 |  |
| 24 hour hold thru day 3 at 3:00 p.m. | Breakout #2 | Crescent rds of 5  Headtable for 3  **\*Provide fit to scale diagram\*** | 40 |  |
| 24 hour hold thru day 3 at 3:00 p.m. | Breakout #3  *\*\*The pre-institute room could be used for this breakout\*\** | Crescent rds of 5  Headtable for 3  **\*Provide fit to scale diagram\*** | 30 |  |
| **Date 3 – Tuesday or Thursday** | | | | |
| 7:00 a.m. – 9:00 a.m. 12:00 – 1:00 p.m.  \*hold for 24 hrs for general session through Friday\* | Breakfast and Lunch (lunch speaker) | Rounds of 10 ***(ok to use the general session room)***  Or Hotel restaurant vouchers | 110 |  |
| 7:00 a.m. – 6:00 p.m. | Exhibitor area  4 – 8 exhibitors | Ballroom Foyer |  |  |
| 24 hour hold | Breakout #1 | Existing set up | 60 |  |
| 24 hour hold | Breakout #2 | Existing set up | 40 |  |
| 24 hour hold | Breakout #3 | Existing set up | 30 |  |
| 1:00 p.m. – 6:00 p.m. | Roundtable 1 | Conference | 10 |  |
| 1:00 p.m. – 6:00 p.m. | Roundtable 2 | Conference | 10 |  |
| 1:00 p.m. – 6:00 p.m. | Roundtable 3 | Conference | 10 |  |
|  |  |  |  |  |
| **Date 4 – Wednesday or Friday**  **The program ends at 12:30 p.m**  **AV strike: 1 – 3 p.m.** | | | | |
| 7:00 – 9:00 a.m. | Breakfast | Hotel restaurant vouchers, General session room or outdoor in covered area | 110 – 120 |  |
| Hold until 3:00 p.m. for AV strike | Breakout #1 | Existing set up | 60 |  |
| Hold until 3:00 p.m. for AV strike | Breakout #2 | Existing set up | 40 |  |
| Hold until 3:00 p.m. for AV strike | Breakout #3 | Existing set up | 30 |  |
|  |  |  |  |  |

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.

\*Provide detailed menu description.

| Type of Group Meal | Food and Beverage Menu | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Date 2** | | | |
| Breakfast Buffet |  |  |  |
| AM Coffee Service |  |  |  |
| Lunch: Provided plated and buffet options |  |  |  |
| **Date 3** | | | |
| Breakfast Buffet |  |  |  |
| AM Coffee Service |  |  |  |
| Lunch: Plated only |  |  |  |

|  |
| --- |
| **Date 4** |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Breakfast Buffet |  |  |  |
| AM Coffee Service |  |  |  |

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/DoubleOccupancy | 30 |  |  |  |
| Date 2 | Single/DoubleOccupancy | 88 |  |  |  |
| Date 3 | Single/DoubleOccupancy | 88 |  |  |  |
| Date 4 | Check-out | Check out |  |  |  |
|  |  | 206 |  |  |  |

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. | (10) Complimentary easels |  |  |
| 3. | (5) 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. |  |  |
| 6 | Complimentary risers and podiums |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Does the hotel have a coffee shop?** |  |
| **Coffee shop hours:** |  |

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: |  |  |  |