**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** |
| October 21 – 24, 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 – Set up day (Sunday) The rooms on day one will be used on days 1 – 4 (24 hr hold)** |
|  |  |  |  |  |
| Day 1: set up day3:00 p.m.- 24 hr. hold through day 4 at 3:00 p.m.  | Staff Office  | Conference or Existing Boardroom 3 – 6ft tables in the perimeter of the room  | 6 - 10 |  |
| Day 1: set up day12:00 p.m.- 24 hr hold through day 5 at 8:00 a.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.  |  |  |
| Day 1: set up day3:00 p.m.- 24 hr. hold through day 4 at 3:00 p.m.  | Registration  | 2 6ft tables | 2 - 4 |  |
| Day 1: set up day3:00 p.m.- 24 hr. hold through day 4 at 3:00 p.m.  | General Session  | Crescent rds of 5 – 6Riser for panel of 3- 5Podium (we can reuse this room for one of the breakouts)**\*Provide fit to scale diagram\*** |  |  |
| Day 1: set up day3:00 p.m.- 24 hr. hold through day 4 at 3:00 p.m.  | CHP command center  | 3 rounds (3) 6ft tables on the perimeter of the room  | 18 |  |
| Day 1: set up day3:00 p.m.- 24 hr. hold through day 4 at 3:00 p.m.  | Faculty Room  | 2 rounds of 5  | 10  |  |
| Day 1: set up day3:00 p.m.- 24 hr. hold through day 4 at 3:00 p.m. | Breakout 1 | Crescent rds of 5 head table for 3  | 50 |  |
| Day 1: set up day3:00 p.m.- 24 hr. hold through day 4 at 3:00 p.m. | Breakout 2 | Crescent rds of 5 head table for 3 | 40 |  |
| Day 1: set up day3:00 p.m.- 24 hr. hold through day 4 at 3:00 p.m. | Breakout 3 | Crescent rds of 5 head table for 3 | 25 |  |
| Day 1: set up day3:00 p.m.- 24 hr. hold through day 3 at 6:00 p.m. – hold this room through day 3 at 6 pm | Breakout 4 | Conference  | 15 |  |
| **Date 2 (Monday) and 3 (Tuesday)– Including all the rooms on day 1**  |
| Day 2 & Day 3:8:00 a.m. – 6:00 p.m.24 hr hold until 6 pm on day 3 | Breakout 5 | Conference  | 15 |  |
| Day 2 & Day 3: 8:00 a.m. – 6:00 p.m. 24 hr hold until 6 pm on day 3 | Breakout 6 | Conference  | 15 |  |
| Day 2 & Day 3: 8:00 a.m. – 6:00 p.m. 24 hr hold until 6 pm on day 3  | Breakout 7 | Conference  | 15 |  |
| Day 2 & Day 3: 8:00 a.m. – 6:00 p.m. 24 hr hold until 6 pm on day 3 | Breakout 8 | Conference  | 15 |  |
| Day 2 & Day 3: 8:00 a.m. – 6:00 p.m. 24 hr hold until 6 pm on day 3 | Breakout 9 | Conference  | 15 |  |
| Day 3 (Tuesday or Thursday) 7 a.m. – 9 a.m. 12:00 – 1:00 p.m.  | Meal room: Breakfast and Lunch | Speaker at LunchRounds of 8- 10 Riser and podium\*Indoor lunch in private meeting room (not an open public space)  | 130 - 140 |  |
| Day 3: 10:00 – 10:30 a.m.  | AM Coffee service  | General session foyer  | 130 - 140 |  |
| Day 4 (Wednesday or Friday) 7 a.m. – 9 a.m.  | Meal room: Breakfast  | Rounds   | 130 - 140 |  |
| Day 4: 10 -10:30 a.m.  | AM Coffee service  | General session foyer  | 130 - 140 |  |
| **Date 4 – Wednesday** **The program ends at 12:30 p.m** **AV strike: 1 – 3 p.m.**  |

 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 customized menu description.

| Type of Group Meal | Food and Beverage Menu | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Date 3 Tuesday**  |
| Breakfast Buffet  |  | 120 |  |
| AM Coffee Service |  | 120 |  |
| Lunch: Plated only  |  | 120 |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Breakfast Buffet  |  | 120 |  |
| AM Coffee Service  |  | 120 |  |

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** (without taxes & surcharges) | **Confirm daily individual room rate with surcharges and/or occupancy tax (only include the occupancy tax if the State occupancy tax waiver is not applicable)** |
| --- | --- | --- | --- | --- | --- |
| Sunday, October 21, 2018 | Single/DoubleOccupancy | 23 |  |  |  |
| Monday, October 22, 2018 | Single/DoubleOccupancy | 106 |  |  |  |
| Tuesday, October 23, 2018 | Single/DoubleOccupancy | 106 |  |  |  |
| Wednesday, October 24, 2018 | Single/DoubleOccupancy | 2 |  |  |  |
| Thursday, October 25, 2018  | Check-out | Check out |  |  |  |
|  |  | 237 |  |  |  |

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

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

Propose the cut-off date for reservations (3 weeks prior to arrival): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (TID)  |  |  |  | $ |
| d. | Other Surcharge (add name) \_\_\_\_\_\_\_ |  |  |  | $ |

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, AV storage area and CHP office 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 |  |  |
| 7 | (5) access to Concierge lounge  |  |  |
| 8 | (1) white board  |  |  |
|  | **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: |  |  |  |