**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 the program:

|  |  |  |
| --- | --- | --- |
| **Dates** | **Yes** | **No** |
| October 7 – 9, 2019 |  |  |
| October 8 – 10, 2019 |  |  |

|  |  |  |
| --- | --- | --- |
| **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** |
| --- | --- | --- | --- | --- |
| **Day 1 (Monday or Tuesday): Set up day** | | | | |
| 3:00 p.m. – 24 hr through day 3 (Wed or Thur) | Staff office | Board room or conference set up | 5 - 8 |  |
| 3:00 p.m. – 24 hr through day 3 (Wed or Thur) | Registration | Two 6ft tables |  |  |
| 3:00 p.m. – 24 hr through day 4 (Thursday or Friday) | AV Storage Room –. | Empty room close to the general session room or a service elevator – private meeting room not to be shared with other groups or bell desk |  |  |
| 3:00 p.m. – 24 hr through day 3 (Wed or Thur) | General Session | rounds of 5-6, Riser with head table for 3 -5, podium, space for two 10 ft screens  **\*PROVIDE FIT TO SCALE DIAGRAM\*** | 125 |  |
| 3:00 p.m. – 24 hr through day 3 (Wed or Thur) | Breakout #1 | Crescent rounds of 5  Head table for 2 – 3  \*The GS room can be reused for the breakout | 75 |  |
| 3:00 p.m. – 24 hr through day 3 (Wed or Thur) | Breakout #2 | Crescent rounds of 5  Head table for 2 - 3 | 50 |  |
| 3:00 p.m. – 24 hr through day 3 (Wed or Thur) | Breakout #3 | Crescent rounds of 5  Head table for 2 - 3 | 40 |  |
| 3:00 p.m. – 24 hr **through day 2** (Tues or Wed) | Computer lab | Head table for 1 – 2  Classroom 2 per table | 40 |  |
| **Day 2**  **Existing set up from day 1 meeting rooms** | | | | |
| 6:00 a.m. – 24 hr through day 3 | Faculty Room | 2 rounds of 5 | 10 |  |
| 6:00 a.m. – 24 hr through day 3 | Meal room (not in the General session room) | Breakfast and lunch  Rounds of 10  \*Lunch will have a speaker – riser will be needed | 125 |  |
| 10:00 – 10:30 a.m. | AM coffee service | Foyer or meal room | 125 |  |
| 5:00 – 7:00p.m. | Computer lab AV strike |  |  |  |
| **Day 3**  **Same meeting rooms as days 1 and 2**  **AV strike of all meeting rooms 5:00 – 7:00 p.m.** | | | | |
| 7:00 a.m. – 2:00 p.m. | Meal room | Existing set up | 125 |  |
| 10:00 – 10:15 a.m. | Coffee service break | Foyer or meal room | 125 |  |

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 (the equipment is owned by the Judicial Council of California and managed by JCC employees not third-vendors)?

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

1. Propose Meeting and Function Room Rates. **Please note the maximum Meeting Room Rental of $10,000.00 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. |  |
| 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 $10,000.00 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 customized Food and Beverage menus, provided for the unit price indicated on the Form for Submission of Cost Pricing.

\*The F&B rates are not flexible and cannot go over the maximum allowance\*

\*F&B minimum is not allowed – per person unit rates only

| Type of Group Meal | **Food and Beverage Menu**  **Please provide the menu selection that will be provide for each meal and not just the menu title**. | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- |
| **Day 2 (Tuesday or Wednesday)** | | | |
| Breakfast Buffet w/ a hot protein $25.00 pp inclusive of tax and service charge |  | 125 |  |
| Coffee/Tea Service only (no food)  $8.00 pp inclusive of tax and service charge |  | 125 |  |
| Lunch – Provide Plated and Buffet menu options  $40.00 pp inclusive of tax and service charge |  | 125 |  |
| **Day 3 (Wednesday or Thursday)** | | | |
| Breakfast Buffet w/ a hot protein $25.00 pp inclusive of tax and service charge |  | 125 |  |
| Coffee/Tea Service only (no food)  $8.00 pp inclusive of tax and service charge |  | 125 |  |
| Lunch – Provide Plated and Buffet menu options  $40.00 pp inclusive of tax and service charge |  | 125 |  |

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 state/sales tax ***only if the county doesn’t accept the occupancy waiver*** |
| --- | --- | --- | --- | --- | --- |
| Day 1 | King/two doubles | 88 |  |  |  |
| Day 2 | King/two doubles | 89 |  |  |  |
| Day 3 | King/two doubles | 2 |  |  |  |
| Day 4 | Check-out | 0 |  |  |  |
|  |  | 179 |  |  |  |

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

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

Requesting 3 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 | Dollar Amount |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate: Add rate only if wavier is not accepted |  |  | $ |
| c. | Tourism |  |  | $ |
| d. | 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)

* Is there complimentary WIFI in the hotel lobby? Yes ⬜ No ⬜

1. Other Program Needs (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
| 1. | (8) Complimentary easel stands |  |  |
| 2. | (6) Complimentary wireless Internet for Registration and Staff Office |  |  |
| 3. | AV storage area on total lock out – complimentary lock out and keys |  |  |
| 4. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 5. | Contracted rate available two days pre/post |  |  |
| 6. | 3 week cut off |  |  |
| 7. | Complimentary risers and podiums |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Does the hotel have a coffee shop? Yes, or No** |  |
| **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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| --- |
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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: |  |  |  |