**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** |
| March 10 – 13, 2024 |  |  |
| March 12 – 15, 2024 |  |  |

|  |  |  |
| --- | --- | --- |
| **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. ***Include floor plan and capacity chart.***

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name**  **Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Date 1 Set up only no program**  **Day 2 – 4 program dates – repeat meeting rooms/set up** | | | | |
| 12:00 p.m. – 24 hr hold through 8:00 a.m. on day 5 | AV storage room | Empty room  We need a room that can be rekeyed and no air walls. The AV room cannot be in a guest room and preferably not shared with the staff office room. |  |  |
| 12:00 p.m. – 24 hr hold through 2:00 p.m.  on day 4 | CJER Staff office | Two rounds of 3 tables set up in the perimeter of the room for materials | 6 |  |
| 12:00 p.m. – 24 hr hold through 12:00 p.m.  on day 4 | Faculty room | Two rounds of 6 | 12 |  |
| 12:00 p.m. – 24 hr hold through 12:00 p.m.  on day 4 | Meeting planner and registration staff office | Board room or  conference set up | 5 |  |
| 5:00 p.m. – 24 hr hold through 1:00 p.m.  on day 4 | Registration Desk | 2 six-foot tables, 4 chairs, 2 school room tables against the wall for materials | Flow |  |
| 5:00 p.m. – 24 hr hold through 5:00 p.m.  on day 4 | General Session and breakout 1 *(not to be reused for lunch because it will be used as a breakout prior to lunch*) | 37 Crescent rds of 6  Riser: 18x8 (16 in high)  Head table for 4 -6 and podium on the riser  Space for 2 Ten-foot screens  **Provide two fit to scale diagrams** | 222 |  |
| 5:00 p.m. – 24 hr hold through 5:00 p.m.  on day 4 | Breakout 2 | Head table for 2 – 3  Crescent rounds of 5  **Provide two fit to scale diagrams** | 50 |  |
| 5:00 p.m. – 24 hr hold through 5:00 p.m.  on day 4 | Breakout 3 | Head table for 2 – 3  Crescent rounds of 5  **Provide two fit to scale diagrams** | 30 |  |
| 5:00 p.m. – 24 hr hold through 5:00 p.m.  on day 4 | Breakout 4 | Head table for 2 – 3  Crescent rounds of 5  **Provide two fit to scale diagrams** | 30 |  |
| 5:00 p.m. – 24 hr hold through 5:00 p.m.  on day 4 | Breakout 5 | Head table for 2 – 3  Crescent rounds of 5  **Provide two fit to scale diagrams** | 30 |  |
| 5:00 p.m. – 24 hr hold through 5:00 p.m.  on day 4 | Breakout 6 | Head table for 2 – 3  Crescent rounds of 5  **Provide two fit to scale diagrams** | 30 |  |
| **Date 3- Date 4: Repeating rooms above plus the additional meal rooms** | | | | |
| 7:00 – 9:00 a.m. | Breakfast | Rounds of 8 Separate meal room – not the foyer nor GS room | 220 |  |
| 9:30 – 10:30 a.m. | A.M break | GS Foyer or repeat the meal room if it’s next to the GS room | 220 |  |
| 12:00 – 1:30 p.m. 24 hr hold until 9:00 a.m. on day 4 | Lunch | Repeat use of the meal room Riser podium and  head table for 4  Rounds of 8  ***\*Speaker during lunch – a private room is required not foyer or public area and not the GS room\****  **Provide two fit to scale diagrams** | 220 |  |

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 Judicial Council’s maximum meeting room rental as indicated on the RFP in Section 2.

**Please note the maximum Termination Fee 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 Judicial Council’s maximum termination fee as indicated on the RFP in Section 2.

**Please note the maximum Termination Fee of $10,000.00 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. Please note the Judicial Council’s maximum food and beverage unit rates for group meals, *inclusive of tax and gratuity,* as indicated on the RFP in Section 2.

|  |  |  |
| --- | --- | --- |
| Breakfast | AM Coffee Service | Lunch |
| $25.00 | $8.00 | $40.00 |

| Type of Group Meal  **\*No meals on**  **Day 1 and 2** | **Food and Beverage Menu**  **Please provide the customized menu selection that will be provide for each meal and not just the menu title**.  **\*Leaving the area blank, or “chefs’ choice, TBD, no details will end up with no points in the evaluation\*** | **Estimated Number of Meals** | Inclusive Price per person |
| --- | --- | --- | --- |
|  | **Day 3** |  |  |
| Breakfast buffet (with hot protein)  **$25.00 per person or best available rate -** **inclusive** **of tax and service charge** |  | **220** |  |
| Coffee/Tea Service only (no food)  **$8.00 per person inclusive (provide per person rate not per gallon)** |  | **220** | Add rate per person - **not per gallon** |
| Plated lunch **$40.00 per person or best available rate -** **inclusive of tax and service charge** |  | **220** |  |
| **Day 4** | | | |
| Breakfast Buffet w/ a hot protein **$25.00 per person or best available rate** - **inclusive of tax and service charge** |  | **220** |  |
| Coffee/Tea Service only (no food) **$8.00 per person inclusive** |  | **220** | Add rate per person - **not per gallon** |

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable. Please note the Judicial Council’s maximum sleeping room unit rate as indicated on the RFP in Section 2. Maximum Rates and Fees. Preference will be given for costs proposed within the maximum rates and fees established by the Judicial Council of California, as set forth below. However please submit hotel’s best available rate if the county maximum listed below cannot be accommodated.

* **Los Angeles County: $120.00 or best available rate**
* **Orange County: $120.00 or best available rate**
* **San Diego: $125.00 or best available rate**

| **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 tax (only if tax is not waived*** |
| --- | --- | --- | --- | --- | --- |
| Date 1 | Single  Occupancy | 9 |  |  |  |
| Date 2 | Single Occupancy | 181 |  |  |  |
| Date 3 | Single Occupancy | 181 |  |  |  |
| Date 4 | Single Occupancy | 2 |  |  |  |
| Date 5 | Check-out | Check out |  |  |  |
|  |  | 373 |  |  |  |

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

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

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

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- **do not add percentage rate** |
| --- | --- | --- | --- | --- |
| a. | Hotel/motel transient occupancy tax waiver (exemption certificate for state agencies) |  |  |  |
| b. | Occupancy Tax rate- add only if the city/county does not accept the tax waiver |  |  | $ |
| c. | Tourism surcharge fee (add tourism name) |  |  | $ |
| d. | Surcharge (add surcharge name) |  |  | $ |
| e. | CA Assessment Fee |  |  | $ |
| f. | Add additional surcharge name if applicable |  |  | $ |

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.

* Provide rate for internet package:
  + - Basic WIFI for 180 attendees for three days (emails no streaming):

Include tax and service fee to the estimate **$**

* + - Individual dedicated internet lines for meeting rooms (if needed):

Basic wireless network connections (no streaming)

Include inclusive rate per line: $

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

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
| 1. | Complimentary group parking – day and overnight |  |  |
| 2. | 4 Complimentary overnight parking |  |  |
| 3. | 10 Complimentary easel stands only |  |  |
| 4. | 7 Complimentary Wireless Internet for Registration and Offices |  |  |
| 5. | Complimentary basic Wireless Internet in the meeting space for the group |  |  |
| 6. | Program staff and AV storage offices on total lock out – complimentary lock out and 3 comp keys for each room for staff |  |  |
| 7. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 8. | Contracted rate available two days pre/post |  |  |
| 9. | Complimentary risers and podiums |  |  |
|  | **Additional concessions provided by the hotel:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Does the hotel have a coffee shop?** |  |
| **Coffee shop hours:** |  |
| **Is it a full-service coffee shop or other? Please describe and provide name** |  |

|  |  |
| --- | --- |
| **Does the hotel have restaurant** |  |
| **Restaurants hours:** |  |
| **Is room service available?** |  |

**Does the hotel offer complimentary airport shuttle? If so, please provide the hours and location airport pick-up/drop-off**

|  |
| --- |
|  |
|  |
|  |

**Please provide the following with your proposal:**

* **Floor plans and capacity charts**
* **Fit to scale diagrams as indicated in section B Meeting and Function Room Block**
* **Customized menus**

**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: |  |  |  |