**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** |  |
| **What is the amount held for incidentals upon check-in** |  |
| **Does the property accept direct billing (master account)?** |  |

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

**Please indicate which date(s) you are offering:**

|  |  |  |
| --- | --- | --- |
| ***Listed in Order of Preference*** | **Yes** | **No** |
| January 26 – 31, 2025 |  |  |
| January 12 – 17, 2025 |  |  |
| January 5 – 10, 2025 |  |  |

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 – 6: Sunday – Monday**  **Sunday is set up day only.**  **The program starts Monday and ends Friday**  ***Program hours: 8:00 a.m. – 5:00 p.m. (Mon – Thur) and 8:00 a.m. – 12:00 p.m. on Friday*** | | | | | |
| 12:00 p.m. – 24 hr hold through Friday at 5:00 p.m. | CJER Staff Office | | Two rounds  4 – 6ft tables around perimeter walls | 5 |  |
| 12:00 p.m. – 24 hr hold through Friday at 5:00 p.m. | Meeting Planner (CRS) Office | | Conference for 8 (or boardroom) | 8 |  |
| 12:00 p.m. – 24 hr hold through Saturday | AV Office | | 4 – 6ft tables, 4 chairs | 4 |  |
| 12:00 p.m. – 24 hr hold through Friday at 5:00 p.m. | Faculty Office | | Two rounds | 10 |  |
| 12:00 p.m. – 24 hr hold through Friday at 5:00 p.m. | Registration | | 2 – 6ft Tables with 2 chairs  2- 6ft Tables placed behind | 4 |  |
| 12:00 p.m. – 24 hr hold through Friday | Breakout #1 set up | | Crescent Rounds  Head Table for 3  1 school room in the back with 2 chairs  **\*Provide fit to scale diagram\*** | 35 |  |
| 12:00 p.m. – 24 hr hold through Friday | Breakout #2 set up | | Crescent Rounds  Head Table for 3  1 school room in the back with 2 chairs  **\*Provide fit to scale diagram\*** | 40 |  |
| 12:00 p.m. – 24 hr hold through Friday | Breakout #3 set up | | Crescent Rounds  Head Table for 3  1 school room in the back with 2 chairs  **\*Provide fit to scale diagram\*** | 30 |  |
| 12:00 p.m. – 24 hr hold through Friday | Breakout #4 set up | | Crescent Rounds  Head Table for 3  1 school room in the back with 2 chairs  **\*Provide fit to scale diagram\*** | 25 |  |
| 12:00 p.m. – 24 hr hold through Friday | Breakout #5 set up | | Crescent Rounds  Head Table for 3  1 school room in the back with 2 chairs  **\*Provide fit to scale diagram\*** | 50 |  |
| 12:00 p.m. – 24 hr hold through Friday | Breakout #6 set up Computer Lab | | Classroom  Head Table for 2  1 school room in the back with 3 chairs  **\*Provide fit to scale diagram\*** | 40 |  |
| **Date 2 - 6: Meals Monday - Friday** | | | | | |
| 7:30 – 8:30 a.m. | Meal room  Breakfast only  *(Lunch will be on their own either at the hotel restaurant or off property)* | | Rounds of 10 | 215 |  |
| 10:00 – 10:30 a.m. | A.M. coffee break | | Meeting rooms foyer or reuse the meal room  *whichever is closest to the breakout rooms* | 215 |  |
|  |  | |  |  |  |
|  |  | | **Date 6: Friday** |  |  |
| 12:00 – 5:00 p.m. | AV Strike of meeting rooms | |  |  |  |
| **Date 6 (Saturday)** | | | | | |
| 12:00 a.m. -9:00 am | | AV Storage | Existing set up | 4 |  |

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 property of the State of California, and will be operated by*

*Judicial Council employees.*

***NO THIRD PARTIES WILL BE USED***

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

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. **Should not exceed $10,000.00.**

| 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: **Should not exceed $10,000.00.**

| 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: |  |  |

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.

\*Provide **detailed** customized menu description in the grid below.

\* All rates are **inclusive** of tax and service fee.

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

\****Please submit hotel’s best pricing if the maximums cannot be accommodated.***

| Type of Group Meal | 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 | **Total Inclusive Cost** |
| --- | --- | --- | --- | --- |
| **Monday** | | | |  |
| Breakfast **Buffet**  $25.00 pp inclusive of tax and service fee **or best available rate** |  | 215 |  | Inclusive rate $ x 215 = |
| AM Coffee Service: ***(coffee and tea only)***  $8.00 inclusive of tax and service fee |  | 215 |  | Inclusive rate $ x 215 = |
| **Tuesday** | | | |  |
| Breakfast **Buffet**  $25.00 pp inclusive of tax and service fee **or best available rate** |  | 215 |  | Inclusive rate $ x 215 = |
| AM Coffee Service: ***(coffee and tea only)***  $8.00 inclusive of tax and service fee |  | 215 | Add per person rate - not per gallon | Inclusive rate $ x 215 = |
| **Wednesday** | | | |  |
| Breakfast Buffet  $25.00 pp inclusive of tax and service fee **or best available rate** |  | 215 |  | Inclusive rate $ x 215 = |
| AM Coffee Service **$8.00** inclusive of tax and service fee |  | 215 | Add per person rate - not per gallon | Inclusive rate $ x 215 = |
| **Thursday** | | | |  |
| Breakfast Buffet  $25.00 pp inclusive of tax and service fee **or best available rate** |  | 215 |  | Inclusive rate $ x 215 = |
| AM Coffee Service  **$8.00** inclusive of tax and service fee |  | 215 | Add per person rate - not per gallon | Inclusive rate $ x 215 = |
|  |  |  |  |  |
| **Friday** | | | | |
| Breakfast Buffet  $25.00 pp inclusive of tax and service fee **or best available rate** |  | 215 |  | Inclusive rate $ x 215 = |
| AM Coffee Service  **$8.00** inclusive of tax and service fee |  | 215 | Add per person rate - not per gallon | Inclusive rate $ x 215 = |

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. **Please submit hotel’s best available rate if the county maximum/preference listed in the RFP cannot be accommodated.**

* Los Angeles County: $169.00 or best available rate
* Orange County: $169.00 or best available rate
* San Diego County: $194.00 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** (w/o taxes & surcharges) |
| --- | --- | --- | --- | --- |
| Sunday | Single Occupancy | 194 |  |  |
| Monday | Single Occupancy | 192 |  |  |
| Tuesday | Single Occupancy | 192 |  |  |
| Wednesday | Single Occupancy | 192 |  |  |
| Thursday | Single Occupancy | 192 |  |  |
| Friday | Single Occupancy | 2 |  |  |
| Saturday | Check-out | 964 |  |  |
|  |  |  |  |  |

Propose the cut-off date for reservations: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**In relation to hotel airport properties, please indicate the room allocation policy regarding contracted rooms and priority for flight crew:**

a) Are the allotted number of contracted rooms reserved for availability by the hotel check-in time?

b) Do flight crew members have priority over guest rooms before groups?

Please provide any additional details or explanations regarding the room allocation policy for clarity

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 State occupancy lodging tax waiver: |  |  | $ |
| c. | CA Tourism Fee |  |  | $ |
| d. | Ordinance Fee *if applicable* |  |  | $ |
| e. | CA Assessment Fee *if applicable* |  |  | $ |
| f. | Other Assessment fee |  |  | $ |

|  |
| --- |
| **If you answered yes to item number A: Hotel/motel transient occupancy tax, please answer the questions below.** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Comments |
| **Is the State of California occupancy tax waiver sufficient as a blanket waiver for all guests, or does the city/county require its own TOT form?** |  |  |  |
| **If the city/county TOT form is required, can a single blanket form with a company letter listing all guest names suffice?** |  |  |  |
| **Will each guest need to provide their own occupancy tax waiver upon check-in? If yes, what form of identification is required with the form?** |  |  |  |

**These inquiries specifically concern guests paid on the master account, and the waiver applies solely to occupancy tax.**

1. Propose Parking price:

| Parking Rate | Valet Parking Rate | Self-Parking Rate | In/Out Privileges |
| --- | --- | --- | --- |
| Discounted Parking Group Rate |  |  |  |
| Normal Hotel Parking Rate |  |  |  |

1. Propose Internet connection pricing.
   * + Basic WIFI for 200 attendees for five days (emails no streaming):

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

* + - Individual dedicated internet line for meeting rooms:

**Basic wireless network connections (no streaming) 5 mbps**

Include **inclusive** rate per line: $

* Guest room Wi-Fi rate:

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

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
| 1. | (10) Complimentary easel stands |  |  |
| 2. | (6) Complimentary basic Wireless Internet for Registration and Offices |  |  |
| 3. | Complimentary Wi-Fi in guest rooms |  |  |
| 4. | Complimentary basic Wi-Fi in meeting rooms |  |  |
| 5. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 6. | 3-week cut-off date |  |  |
| 7. | 2 complimentary overnight parking |  |  |
| 8. | Waived urban /Destination or resort fee |  |  |
| 9. | Complimentary rekey of two offices: 3 keys per room |  |  |
| 10. | CVB incentive to the master account |  |  |
| 11. | Complimentary room rental 80 – 100% pick up |  |  |
| 12. | Complimentary podiums |  |  |
| 13. | Complimentary pens and notepads in the meeting rooms |  |  |
| 12. | **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 restaurants** |  |
| **Restaurants hours:** |  |
| **Is room service available?** |  |

|  |  |
| --- | --- |
| **Does the hotel offer complimentary airport shuttle?** |  |
| **How many shuttles are in rotation?** |  |
| **What are the shuttle hours?** |  |

|  |  |
| --- | --- |
| **Is the hotel within walking distance of restaurants?** |  |
| **Is the hotel within walking distance of neighboring hotel restaurants that are open during lunch hours?** |  |

**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**
* **A list of restaurants that are walking distance from the hotel.**

**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: |  |  |  |