**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 |  |
| Individual Guest Room Reservation Cancellation Policy |  |

**Please indicate which date(s) you are offering for the program.**

|  |  |  |
| --- | --- | --- |
| **Program date:** | **Yes** | **No** |
| **August 14-16, 2024**  **(dates are not flexible)** |  |  |

|  |  |  |
| --- | --- | --- |
| **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 and Fit to Scale Diagrams. \*\****

**Program days will be as follows:**

**Day 1:** Wednesday, August 14, 2024 – Set up only

**Day 2:** Thursday, August 15, 2024 *(Day 1 of the actual program starting at 8:00 am – 5:00 pm)*

**Day 3:** Friday, August 16, 2024 *(Day 2 of the program starting at 7:00 am – 1:00 pm)*

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name**  **Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Day 1: Wednesday, August 14, 2024**  **Set-Up Day Only – no meetings** | | | | |
| 8:00 am – 24 hr. hold | Staff office | Conference or existing boardroom | 8 |  |
| 8:00 am – 24 hr. hold | AV Storage room | A room that can be rekeyed w/o air – walls and not a guest room. Located near the meeting space or service elevator and in the same tower/building if applicable. | 3 |  |
| 8:00 am – 24 hr. hold | Registration Desk | (2) 6 ft tables with 4 chairs and (2) 6 ft tables against the wall. | Flow |  |
| 8:00 am – 24 hr. hold | Faculty Office | Conference | 4 |  |
| 8:00 am – 24 hr. hold | General Session | Crescent rounds of 7.  Riser with panel table for 6 ppl.  Podium and US/CA flags on a riser.  **\*Provide fit to scale diagram\*** | 180 |  |
| 8:00 am – 24 hr. hold | Breakout #1  (Can use ½ the General Session) | Crescent rounds of 7 or classroom or theater set up. Head table for 2. Space for screen and AV cart.  **\*Provide fit to scale diagram\*** | 100 |  |
| 8:00 am – 24 hr. hold | Breakout #2 | Crescent rounds of 7 or classroom or theater set up. Head table for 2. Space for screen and AV cart.  **\*Provide fit to scale diagram\*** | 65 |  |
| 8:00 am – 24 hr. hold | Breakout #3 | Crescent rounds of 7 or classroom or theater set up. Head table for 2. Space for screen and AV cart.  **\*Provide fit to scale diagram\*** | 60 |  |
| 8:00 am – 24 hr. hold | Breakout #4 | Crescent rounds of 7 or classroom or theater set up. Head table for 2. Space for screen and AV cart.  **\*Provide fit to scale diagram\*** | 30 |  |
| 8:00 am – 24 hr. hold | Breakout #5 | Crescent rounds of 7 or classroom or theater set up. Head table for 2. Space for screen and AV cart.  **\*Provide fit to scale diagram\*** | 30 |  |
| **Day 2: Thursday, August 15, 2024**  **(First day of the program)**  **Program runs from 8:00 am – 5:00 pm** | | | | |
| 24 hr. hold | Staff office | Existing set up | 8 |  |
| 24 hr. hold | AV Storage room | Existing set up | 3 |  |
| 24 hr. hold | Registration Desk | Existing set up | Flow |  |
| 24 hr. hold | Faculty Office | Existing set up | 4 |  |
| 24 hr. hold | General Session | Existing set up | 180 |  |
| 24 hr. hold | Breakout #1  (Can use ½ the General Session) | Existing set up | 100 |  |
| 24 hr. hold | Breakout #2 | Existing set up | 65 |  |
| 24 hr. hold | Breakout #3 | Existing set up | 60 |  |
| 24 hr. hold | Breakout #4 | Existing set up | 30 |  |
| 24 hr. hold | Breakout #5 | Existing set up | 30 |  |
| 8:00 am – 10:00 am | Meal Room:  Breakfast  (Ideally near General Session) | Combo of highboy tables, cocktail rounds with chairs. On a flow arrival.  **\*Provide fit to scale diagram\*** | 180 |  |
| 10:00 am – 11:30 am | AM Coffee Service | Meeting room or foyer, whichever is closest to General Session.  **\*Provide fit to scale diagram\*** | 180 |  |
| **Day 3: Friday, August 16, 2024**  **(Last day of the program)**  **Program ends at Noon and AV strike: 1:00 pm – 4:00 pm** | | | | |
| 24 hr. hold to noon | Staff office | Existing set up | 8 |  |
| 24 hr. hold to 4:00 pm | AV Storage room | Existing set up | 3 |  |
| 24 hr. hold to noon | Registration Desk | Existing set up | Flow |  |
| 24 hr. hold to noon | Faculty Office | Existing set up | 4 |  |
| 24 hr. hold to 4:00 pm | General Session | Existing set up | 180 |  |
| 24 hr. hold to 4:00 pm | Breakout 1 | Existing set up | 100 |  |
| 24 hr. hold to 4:00 pm | Breakout 2 | Existing set up | 65 |  |
| 7:00 am – 10:00 am | Meal Room:  Breakfast  (Ideally near General Session) | Combo of highboy tables, cocktail rounds with chairs. On a flow arrival.  **\*Provide fit to scale diagram\*** | 180 |  |
| 10:00 am – 11:30 am | AM Coffee Service | Meeting room or foyer, whichever is closest to General Session | 180 |  |

**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 the AV staff that will bring the equipment, set up and use during the program will be Judicial Council employees. NO THIRD PARTIES WILL BE USED.*

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

**Are there any future renovation plans in the meeting space and guest rooms during the program dates?**

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| --- |
|  |

1. Propose Meeting and Function Room Rates. Please note the maximum $10,000.00 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 $10,000.00 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 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  (Provide detailed customized menus) | Estimated Number of Meals | **Inclusive Price per person** |
| --- | --- | --- | --- |
| **Thursday, August 15, 2024** | | | |
| Breakfast Buffet with hot item/protein (ex. Scrambled eggs, bacon)  **$25.00 per person or best available rate - inclusive of tax and service fee** |  | 180 |  |
| AM Coffee Service ***(coffee and tea service only)***  **$8.00 per person or best available rate** - inclusive of tax and service fee |  | 180 |  |
| **Friday, August 16, 2024** | | | |
| Breakfast Buffet with hot item/protein (ex. Scrambled eggs, bacon)  **$25.00 per person or best available rate - inclusive of tax and service fee** |  | 180 |  |
| AM Coffee Service ***(coffee and tea service only)***  **$8.00 per person or best available rate** - inclusive of tax and service fee |  | 180 |  |

|  |  |
| --- | --- |
| **Does the hotel have a coffee shop?** |  |
| **Coffee shop hours:** |  |
| **Does the hotel have an on-site restaurant?** |  |
| **On-site restaurant name and business hours:** |  |

1. Propose Sleeping Room schedule. Enter “n/a” for any items that are not applicable.

**Judicial Council of California’s maximum sleeping room unit rate:**

* San Francisco: $250.00 or best available rate
* San Ramon: $110.00 or best available rate
* Sonoma County/ Napa: $110.00 or best available rate
* Sacramento County: $110.00 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)** | **Confirm daily individual room rate w/ surcharges and/or tax (if applicable** |
| --- | --- | --- | --- | --- | --- |
| Wednesday, August 14, 2024 | Single Occupancy | 90 |  |  |  |
| Thursday, August 15, 2024 | Single Occupancy | 110 |  |  |  |
| Friday, August 16, 2024 | Check-out | Check out |  |  |  |
|  |  | 200 |  |  |  |

**Propose the cut-off date for reservations (3 weeks prior to arrival): 07/ /2024**

**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 only – do not add percentage |
| --- | --- | --- | --- | --- |
| 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 in guest rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Propose basic Wi – Fi package rate for 180 people for 2 days plus tax and service fee (emails not streaming): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Propose pricing for 2 dedicated wireless network connections with a band of 10 Mbps (2 laptops will be connected Thursday and Friday with testing on Wednesday.

Include inclusive rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

| Item No. | Description | Approved (please note if approved) | Alternative |
| --- | --- | --- | --- |
| 1. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 2. | 10 Complimentary easels |  |  |
| 3. | 5 Complimentary Wireless Internet for staff |  |  |
| 4. | Complimentary basic Wireless Internet in the meeting space for the group |  |  |
| 5. | Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff |  |  |
| 6. | Complimentary podiums and risers |  |  |
| 7. | 3 Week cut off for sleeping room reservations |  |  |
| 8. | 10 complimentary parking for event staff daily |  |  |
| 9. | Complimentary meeting room rental at 80%+ sleeping room pickup |  |  |
|  | **Additional concessions provided by the hotel:** |  |  |
|  |  |  |  |
|  |  |  |  |

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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**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: |  |  |  |