**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 |  |
| Hotel Check-out Time |  |
| Individual Guest Room Cancellation Policy |  |

|  |  |  |
| --- | --- | --- |
| **Billing** | **Yes** | **No** |
| Does the property accept direct billing (master account)? |  |  |

|  |  |  |
| --- | --- | --- |
| **Incidental** | **Daily Amount** | **Total** |
| What is the amount held for incidentals upon check-in |  |  |

|  |  |
| --- | --- |
| **Coffee shop hours** |  |
| **Restaurant hours:** |  |

1. Estimated Meeting and Function Room Block:

Proposed 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** |
| --- | --- | --- | --- | --- |
| **May 20, 2024** | | | | |
| 6:00am-12:00pm | Registration | 1 table with 2 chairs | 62 |  |
| 6:00am –24 hours | General Session | Crescent Rounds of 6-8 | 62 |  |
| 6:00am –24 hours | Breakout # 1 (can use General Session Room in existing set up) | U-shape for 12, head table for 2 | 12 |  |
| 6:00am –24 hours | Breakout # 2 | U-shape for 12, head table for 2 | 12 |  |
| 6:00am –24 hours | Breakout # 3 | U-shape for 12, head table for 2 | 12 |  |
| 6:00am –24 hours | Breakout # 4 | U-shape for 12, head table for 2 | 12 |  |
| 6:00am –24 hours | Breakout # 5 | U-shape for 12, head table for 2 | 12 |  |
| **May 21, 2024** | | | | |
| 24 hours-5:30pm | General Session | Crescent Rounds of 6-8 | 62 |  |
| 24 hours-5:30pm | Breakout # 1 (can use General Session Room in existing set up) | U-shape for 12, head table for 2 | 12 |  |
| 24 hours-5:30pm | Breakout # 2 | U-shape for 12, head table for 2 | 12 |  |
| 24 hours-5:30pm | Breakout # 3 | U-shape for 12, head table for 2 | 12 |  |
| 24 hours-5:30pm | Breakout # 4 | U-shape for 12, head table for 2 | 12 |  |
| 24 hours-5:30pm | Breakout # 5 | U-shape for 12, head table for 2 | 12 |  |

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.

* **Include audio visual rates for the following**:
  + LCD/Screen Package (own laptop)
  + 2 Handheld microphones
  + 2 wireless lavalier microphones
  + House sound

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. Meeting Room Rental should **NOT exceed $10,000 inclusive**.

| Inclusive Meeting Room Rental |  |
| --- | --- |

1. Propose Termination Fee and corresponding Effective Deadline Date. Please note the maximum Termination Fee should **NOT exceed $10,000 inclusive.**

| 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.

**Inclusive price: Breakfast: $25; Lunch: $40**

| **Type of Group Meal** | Food and Beverage  Include Detailed Menu | Estimated Number of Meals | **Inclusive Price per person not to exceed maximum allowance** |
| --- | --- | --- | --- |
| **May 20, 2024** | | | |
| Breakfast Buffet |  | 62 |  |
| Working Lunch (please note if buffet, boxed lunch or plated) |  | 62 |  |
| **May 21, 2024** | | | |
| Breakfast Buffet |  | 62 |  |
| Working Lunch (please note if buffet, boxed lunch or plated) |  | 62 |  |

1. Propose Sleeping Rooms

| **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** |
| --- | --- | --- | --- | --- | --- |
| May 19, 2024 | Single Occupancy | 3 |  |  |  |
| May 20, 2024 | Single Occupancy | 3 |  |  |  |
| May 21, 2024 | Check-out | Check out |  |  |  |
|  |  | 6 |  |  |  |

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

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** | **Percentage**  **Rate** | **Dollar Amount** |
| --- | --- | --- | --- | --- | --- |
| 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. 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 Wi-Fi in individual guest rooms? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 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)

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

| Item No. | **Description** | **Approved (please note if approved)** | **Alternative** |
| --- | --- | --- | --- |
| 1. | (2) Complimentary easels |  |  |
| 2. | Complimentary basic wireless Internet daily for group in guest rooms |  |  |
| 3. | Complimentary basic Wireless Internet in the meeting space for the group |  |  |
| 4. | 1) Complimentary Podium |  |  |
| 5. |  |  |  |
|  | **Additional concessions offered 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.

Discuss the dining options nearby.

|  |
| --- |
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|  |

**OFFER PERIOD**

A Proposer's submission is an irrevocable offer for thirty (30) days following the proposal due date. In the event a final contract has not been awarded within this thirty (30) 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: |  |  |  |