**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** |
| March 20 – 24, 2017 |  |  |
| April 3 – 7, 2017 |  |  |

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.

**Meeting space: If possible we would like to keep all function rooms titled “FLI” at close proximity to each other.**

| **Time** | **Function** | **Set Up** | **Expected Attendance** | **Room Name****Sq. Footage** |
| --- | --- | --- | --- | --- |
| **Monday - Friday**  |
| 12:00 p.m. – 24 hr hold **until Saturday 9 a.m.**  | AV storage room  | 4 chairs, (1) 8 ft table against the wall  |  |  |
| 3:00 p.m. – 24 hr hold  | CFCC Staff office  | Hollow Square, school room table along 2 walls | 20  |  |
| 3:00 p.m. – 24 hr hold  | FLI Staff office  | Conference or existing board room, school room table along 1 wall | 6 |  |
| 3:00 p.m. – 24 hr hold  | CFCC Faculty room  | Conference  | 10 |  |
| 3:00 p.m. – 24 hr hold  | Conference Services staff office  | Conference  | 10 |  |
| 3:00 p.m. – 24 hr hold  | Adhoc meeting | Hollow Square  | 20 – 30  |  |
| 3:00 p.m. – 24 hr hold  | Program Registration  | 6 tables or pre-build area  | 100 – 425 (flow)  |  |
| 3:00 p.m. – 24 hr hold (set up) **This room will be used on Monday and Tuesday only** | Access to Visitation  | Crescent rds of 6  | 60  |  |
| 3:00 p.m. – 24 hr hold (set up) **Monday - Thursday** | New Court Professionals  |  Crescent rds of 6  | 30 |  |
| **Date 2 - Tuesday** |
| 7:00 a.m. – 5:00 p.m.  | Access to Visitation  | Existing set up  | 60  |  |
| 7:00 a.m. – 5:00 p.m. **24 hr hold through Thursday** | New Court Professionals | Existing set up  | 30 |  |
| 6 p.m. - 24 hr hold (set up) | AB1058 | Crescent rds of 6  | 40 |  |
| 6 p.m. - 24 hr hold (set up) | Juvenile Dep Med | U shape, Hollow Square or crescent rds of 6  | 20 |  |
| 6 p.m. - 24 hr hold (set up) | Juvenile Dep Law & Process  | Crescent rds of 6  | 15 |  |
| 6 p.m. - 24 hr hold (set up) | Advanced Dep Attorneys | Crescent rds of 6  | 25 |  |
| 6 p.m. - 24 hr hold (set up)  | FCS Directors Meeting  | Crescent rds of 6  | 45 |  |
| 6 p.m. - 24 hr hold (set up) Same room through Friday | FLI General Session  | Crescent rds of 5, Riser, head table for 5 and podium\*Provide fit to scale diagram\* | 100  |  |
| 6 p.m. - 24 hr hold (set up) Same room through Friday | FLI Breakout 1  | Crescent rds of 5, head table 2 – 3  | 30 |  |
| 6 p.m. - 24 hr hold (set up) same room through Friday | FLI Breakout 2 | Crescent rds of 5, head table 2 – 3  | 30  |  |
|  |  | **Date 3 – Wednesday**  |  |  |
| 7:00 – 8:00 a.m.  (24 hr hold)  | FLEP Meal room **through Friday**  | Rounds  | 393 |  |
| 7a.m. – 24 hr hold  | FLEP & FLI Staff meal room **through Friday** | Rounds  | 25 |  |
| 24 hr hold  | New Court Professionals | Existing set up | 30 |  |
| 7:00 a.m. – 5:00 p.m.  | AB1058 | Existing set up | 40 |  |
| 7:00 a.m. – 5:00 p.m | Juvenile Dep Med | Existing set up | 20 |  |
| 7:00 a.m. – 5:00 p.m | Juvenile Dep Law & Process  | Existing set up | 15 |  |
| 7:00 a.m. – 5:00 p.m | Advanced Dep Attorneys |  | 25 |  |
| 24 hr hold thru Thursday at 5:00 p.m. | FCS Directors Meeting | Existing set up | 45 |  |
| 24 hr hold  | FLI General Session  | Existing set up | 100  |  |
| 24 hr hold  | FLI Breakout 1  | Existing set up | 30 |  |
| 24 hr hold  | FLI Breakout 2 | Existing set up | 30  |  |
| 6:00 p.m. – 24 hr hold thru Friday at 7:00 p.m.(set up on Wed nt)  | FDR General Session  | Crescent rds of 6, riser with head table for 5 and podium\*Provide fit to scale diagram\* | 350 |  |
| **Date 4 – Thursday**  |
| 7:00 a.m. – 5:00 p.m. | FCS Directors Meeting and working lunch | Existing set up | 45 |  |
| 7:00 a.m. – 5:00 p.m. | New Court Professionals | Existing set up  | 30 |  |
| 24 hr hold  | FDR General Session  | Existing set up  | 350 |  |
| 1:00 p.m. – 5:00 p.m.  | Break out 1  | Crescent rds of 6 Provide fit to scale diagram | 50 – 150  |  |
| 1:00 p.m. – 5:00 p.m.  | Break out 2  | Crescent rds of 6  | 50 – 150  |  |
| 1:00 p.m. – 5:00 p.m.  | Break out 3  | Provide fit to scale diagram | 50 – 150  |  |
| 1:00 p.m. – 5:00 p.m.  | Break out 4  | Crescent rds of 6  | 50 – 150  |  |
| 1:00 p.m. – 5:00 p.m.  | Break out 5  | Provide fit to scale diagram | 50 – 150  |  |
| 24 hr hold through Friday at 7:00 p.m. | FLI Breakout 1  | Existing set up | 30 |  |
| 24 hr hold through Friday at 7:00 p.m. | FLI Breakout 2 | Existing set up | 30  |  |
| 24 hr hold through Friday at 7:00 p.m. | FLI Meal Room for breakfast, lunch and can be used for the AM break | Rounds of 10 not outside, nor in a tent or atrium | 110 |  |
|  |  | **Date 5 – Friday** |  |  |
| 5:00 a.m. – 8:00 p.m.  | FDR General Session  | Existing set up  | 350 |  |
| 5:00 a.m. – 8:00 p.m.  | Break out 1  | Crescent rds of 6 | 25 - 125 |  |
| 5:00 a.m. – 8:00 p.m.  | Break out 2  | Crescent rds of 6 | 25 - 125 |  |
| 5:00 a.m. – 8:00 p.m.  | Break out 3  | Crescent rds of 6 | 25 - 125 |  |
| 5:00 a.m. – 8:00 p.m.  | Break out 4  | Crescent rds of 6 | 25 - 125 |  |
| 5:00 a.m. – 8:00 p.m.  | Break out 5  | Crescent rds of 6 | 25 - 125 |  |
| 5:00 a.m. – 8:00 p.m.  | Break out 6 | Crescent rds of 6 | 25 - 125 |  |
| 5:00 a.m. – 8:00 p.m.  | Break out 7 | Crescent rds of 6 | 25 - 125 |  |
| 5:00 a.m. – 8:00 p.m.  | Break out 8 | Crescent rds of 6 | 25 - 125 |  |
|  |  | **AV strike 5 – 8 p.m.** |  |  |
|  |  | **Date 6 – Saturday** |  |  |
| 12 a.m. – 9:00 a.m.  | AV storage room  |  |  |  |

 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 (AV staff are Judicial Council employees not third party vendors and the equipment is owned the Judicial council not rented from a third party).

|  |  |
| --- | --- |
| 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 maximum 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 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: |  |  |

Propose customized Food and Beverage details, including specific menus provided for the unit price indicated on the Form for Submission of Cost Pricing.

(i.e.: hot protein for breakfast, lunch plated and buffet options, etc.)

| Type of Group Meal | Unit price  | Food and Beverage MenuProvide detailed customized menu for each meal. We are requesting hot food items to be included in the breakfast buffet | Estimated Number of Meals | Inclusive Price per person |
| --- | --- | --- | --- | --- |
|  |  | **Tuesday** |  |  |
| **Lunch** FDR/CS/AV | $25.00  |  | 17 |  |
|  |  | **Wednesday** |  |  |
| **Breakfast Buffet** | $25.00  |  | 150 |  |
| **Lunch: Buffet** | $28.00  |  | 110 |  |
|  |  | **Thursday**  |  |  |
| **Breakfast Buffet** (CFCC) | $25.00  |  | 93 |  |
| **Lunch: Buffet** | $28.00 |  | 63 |  |
| **Breakfast Buffet** (FLI) | $25.00 |  | 110 |  |
| **FLI Plated Lunch** (FLI) | $40.00  |  | 110 |  |
| **AM Coffee Service** (FLI) | $8.00  |  | 110 |  |
|  |  | **Friday**  |  |  |
| **Breakfast Buffet** (CFCC) | $25.00  |  | 283 |  |
| **Breakfast Buffet** (FLI) | $25.00 |  | 110 |  |
| AM coffee service (FLI) | $8.00  |  | 110 |  |
| Lunch | $28.00 |  | 393 |  |

Does the hotel have a coffee shop?

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

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** (w/o taxes & surcharges) | **Confirm daily individual room rate w/ surcharges and/or tax *(only add occupancy tax if the city does not accept the State lodging tax waiver)*** |
| --- | --- | --- | --- | --- | --- |
| Monday  | Single/double Occupancy | 14 |  |  |  |
| Tuesday  | Single/double Occupancy | 97 |  |  |  |
| Wednesday  | Single/double Occupancy | 170 |  |  |  |
| Thursday  | Single/double Occupancy | 259 |  |  |  |
| Friday  | Single/double Occupancy | 5 |  |  |  |
| Saturday  | Check- out  |  |  |  |  |
|  |  | 545 |  |  |  |

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

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

3 week 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: |  |  | $ |
| c. | Tourism Surcharge: |  |  | $ |
| d. | Other 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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1. | Complimentary Registration area telephone |  |  |
| 2. | (25) Complimentary easels |  |  |
| 3. | (10) Complimentary Wired Internet for Registration and Staff Office |  |  |
| 4. | Staff Office and AV storage area on total lock out – complimentary lock out and keys for staff |  |  |
| 5. | Complimentary room policy – please indicate how many booked rooms will earn 1 complimentary room. |  |  |
| 6. | (10) Complimentary parking for event staff |  |  |
| 7. | Complimentary podiums |  |  |
| 8. | 3 week cut-off date |  |  |
|  | **Additional concessions:** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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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|  |

**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: |  |  |  |