

**Attachment 5
Submission Form for
Technical Proposal
(Full Service)**

A. Proposer’s name, address, telephone and fax numbers, email and federal tax identification number.

Firm (Legal Name):	
Address:	
Address Line 2:	
City, State, Zipcode	
Contact:	
Title:	
Phone Number:	
Fax Number:	
Email Address:	
Federal Tax ID Number:	

B. Please indicate which dates you are offering for the program

April 1 - 5, 2013	
April 8 – 12, 2013	
April 29 – May 3, 2013	

C. 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.

BRC = Blue Ribbon Commission
FDR = Family Dispute Resolutions
FLI = Family Law Institute
FLF = Family Law Facilitators
VAWEP = Violence against Women Education Project
A to V = Access to Visitation
F& J = Family and Juvenile Law Committee
MHIITF = Mental Health Issues Implementation Task Force
CJCAC = Collaborative Justice Courts Advisory Committee
A&F = Access and Fairness
JDIAT = Juvenile Dependency Initial Attorney Training
JDM = Juvenile Dependency Mediation
Elkins = Elkins Family Law Implementation Task Force
AB1058 = Assembly Bill 1058 Child Support Training

Meeting Space:

Date	Time	Function	Location and Sq. Footage	Set Up	Expected Attendance
DATE 1-5					
Date 1-5	3pm – 24 hours	AV Storage		N/A	5
Date 1-5	3pm – 24 hours	4 Staff Office Rooms (FDR, FLI , Staff, Faculty)		rounds or hollow sq.	10-20 staff per room
DATE 2-5					
Date 2 – 5	7:00 am– 24 hours	Program Registration		6 tables or pre-build area	100 – 500 (Flow)
Date 2- 5	7:00am – 24 hours	Meeting		rounds or hollow square	20-30
DATE 2-4					
Date 2 - 4	9am – 24hours	Meeting (VAWEP -3 days)		hollow sq.	30
DATE 2					
Date 2	6am- 24hours	Breakfast (BRC, Staff)		Buffet	50

Date	Time	Function	Location and Sq. Footage	Set Up	Expected Attendance
Date 2	6am-24hours	Lunch (BRC, Staff)		Buffet, plated or boxed	50
Date 2	6am – 24hours	Meeting (A to V)		Crescent Rounds	75
Date 2	6am – 24hours	Meeting (BRC)		Crescent Rounds	35
DATE 3-4					
Date 3-4	6am – 24 hours	Meeting (A & F -2 days – no meals)		Crescent Rounds	40
DATE 3					
Date 3	6:00am – 24 hours	Breakfast (AB1058, F&J, Elkins, Staff)		buffet	110
Date 3	6am – 24 hours	2 Meetings (F& J)		Crescent Round	30 each
Date 3	6:00am – 24 hours	Meeting (AB1058)		Crescent Rounds	50
Date 3	6:00am – 24 hours	Meeting (JDM)		Crescent Rounds	30
Date 3	6:00am – 24hours	Meeting (Elkins)		Crescent Rounds	20
Date 3	24 hours	Lunch (AB1058, F&J, Elkins, Staff)		plated or buffet	120
Date 3	6am – 24 hours	Meeting (FDR)		Crescent Rounds	75
Date 3	6am – 24 hours	General Session (FLI)		Crescent Rounds	130
Date 3	6am – 24 hours	4 Breakouts (FLI)		Crescent Rounds	30 – 50 each
Date 3	6am – 24 hours	Meeting (FLF)		Crescent Rounds	50
Date 3	6am – 24 hours	Meeting (MHIITF)		Crescent Rounds of Hollow Square	25
Date 3	6am – 24	Meeting		Crescent	30

Date	Time	Function	Location and Sq. Footage	Set Up	Expected Attendance
	hours	(CJCAC)		Rounds	
DATE 4					
Date 4	24 hours	Breakfast (FDR, VAWEP, FLI, A&F, JDM, Staff)		Buffet	290
Date 4	24 hours	Meeting (FDR)		Crescent Rounds	70
Date 4	24 hours	Meeting (JDM)		Crescent Rounds	30
Date 4	24 hours	General Session (FLI)		Crescent Rounds	130
Date 4	24 hours	4 Breakouts (FLI)		Crescent Rounds	30 – 50 each
Date 4	24 hours	Lunch (FLI)		Plated/ rounds	130
Date 4	24 hours	General Session (FDR)		Crescent Rounds	400
Date 4	24 hours	6 Breakouts (FDR)		Crescent Rounds	50 – 150 each
DATE 5					
Date 5	24 hours – 5p	Breakfast (FDR/FLI, JDIAT, JDM)		Buffet	734
Date 5	24 hours – 5p	General Session (FDR/FLI)		Crescent Rounds	650
Date 5	24 hours – 5p	8 Breakouts (FDR/FLI)		Crescent Rounds	25-125
Date 5	24 hours – 5p	Meeting (JDIAT)		Crescent Rounds	100
Date 5	24 hours – 3p	Lunch (FDR, Staff)		Plated, buffet or boxed	420
Date 5	24 hours – 3p	Lunch (JDIAT – with speaker))		Plated, buffet or boxed	100

Are Meeting and Function Rooms compliant with American Disabilities Act (ADA)?

Yes	
No	

Can the Program use its own audio-visual equipment and labor at no additional charge?

Yes	
No	

Please include an audio-visual price list sheet with this proposal for the Program.

D. 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		
	Single/Double Occupancy	44			
	Single/Double Occupancy	179			
	Single/Double Occupancy	222			
	Single/Double Occupancy	432			
	Single/Double Occupancy	3			
		880			

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

Yes	
No	

E. Propose the cut-off date for reservations: _____

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

Type of Group Meal	Proposed Food and Beverage Menu
Day 1	
Lunch – boxed or buffet	
Day 2	
Breakfast Buffet	
Lunch- boxed or buffet	
Day 3	
Breakfast Buffet	
Lunch Boxed or Buffet	
Day 4	
Breakfast Buffet	
Lunch Plated	
Lunch Buffet or Boxed	
Day 5	
Breakfast Buffet	
Lunch Plated or Boxed	

Are you able to provide Kosher Meals at the same price as the group rate?

Yes	
No	

If No, What is the cost of Kosher Meals? _____

Please indicate where your Kosher Meals come from:

G. 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.	(8) 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		

H. 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.

H. Signature (must be completed by proposer):

SIGNED this _____ day of _____, 20_____.

By: _____
Signature
Print Name

Title: _____

The Judicial Council of California, Administrative Office of the Courts, Conference & Registration Services does not retain the services of third party or outsourced representation. All quoted rates are to be net, not commissionable.