**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: **Preferred Program Dates** | **Yes** | **No** |
| **Option 1:** Dec. 8-11, 2019 |  |  |
| **Option 2:**Dec. 15 – 18, 2019 |  |  |

|  |  |  |
| --- | --- | --- |
| **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. PLEASE INCLUDE A DIAGRAM/MAP OF MEETING SPACE LAYOUT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **Function** | **Set-up** | **Expected Attendance** | **Room Name, SQ Footage & Description** |
| **Sun – Wed. Day 1 – Day 4** **(all days)** |  |  |  |  |  |
| **Sun - Wed** | 7am - 24-hour hold | AV Storage Room | 2 6ft tables around perimeter | 5 |  |
| **Sun - Wed** | 3pm - 24-hour hold | (5) Program Office Rooms  | 2 Rounds of 8;or Hollow Square & tables along 2 walls | 10-15 Staff per room |  |
| **Sun - Wed** | 3pm - 24-hour hold | Conference Registration area and storage room | 3 Build in Registration Desks or 8 tables for registration/ materials | 1200 (flow) |  |
| **Sun - Wed** | 3:00pm – 24hour hold | Faculty Hospitality Room | Hollow Square | 10-20 |  |
| **Sun – Wed** | 3pm – 24 hour | Cyber Café (self check-in desk) must be next to registration | 2 high tables/ 2 chairs | 10-20 (flow) |  |
| **Sunday** | 5:00pm - 24 hours | MeetingAV set-up for next day | Crescent Rounds of 6 | 250-300 |  |
| **Sunday** | 5:00pm -24 hours | Training 1, 2AV set-up for next day | Crescent Rounds of 6 | 200 each |  |
| **Sunday** | 5:00pm -24 hours | Training 3, 4, 5` AV set-up for next day | Crescent Rounds of 6 | 100 each |  |
| **Sunday** | 5:00pm -24 hours | Training 6, 7, 8AV set-up for next day | Crescent Rounds of 6 | 50 each |  |
|  |  |  |  |  |  |
| **Monday****Day 2** |  |  |  |  |  |
| **Pre Meetings** |  |  |  |  |  |
|  | 7:00am – 9:00am | Breakfast | Buffet | 100 |  |
|  | 10:00am – 10:30am | AM Coffee Service | Buffet | 300 |  |
|  | 24 hours | Training 1 & 2 | Crescent Rounds of 6 | 200 each |  |
|  | 24 hours | Training 3, 4, 5 | Crescent Rounds of 6 | 100 each |  |
|  | 24 hours | Training 6, 7, 8 | Crescent Rounds of 6 | 50 each |  |
|  | 24 hours | Meeting 1 | Crescent Rounds of 6 | 250 |  |
|  | 11am – 1pm | Lunch  | Rounds or Crescent Rounds | 450 |  |
|  | 5:00pm –24 hours | 4 BreakoutsStart AV set-up for next day | Crescent Rounds | 35-50 each |  |
|  | 5:00pm –24 hours | 8 Breakouts –Start AV set-up for next day | Crescent Rounds | 75-100 each |  |
|  | 5:00pm –24 hours | 4 Breakouts – Start AV set-up for next day | Classroom or Crescent Rounds | 125-250 each |  |
|  | 5:00pm - 24-hour hold | Exhibit Room Space/Knowledge Fair  | 15 – 20 Table Tops (in room or Foyer. Preferred, close to all meeting space) | Exhibit Flow |  |
|  |
| **Tuesday****Day 3** |  |  |  |  |  |
| **Pre Meetings** |  |  |  |  |  |
|  | 8:00am – 9:00am | Breakfast | Rounds | 800 |  |
|  | 10:30am – 11:00am | AM Coffee Service | Buffet | 800 |  |
|  | 24 hours | Training 1 & 2 | Crescent Rounds of 6 | 200 each |  |
|  | 24 hours | Training 3, 4, 5 | Crescent Rounds of 6 | 100 each |  |
|  | 24 hours | Training 6, 7, 8 | Crescent Rounds of 6 | 50 each |  |
|  | 24 hours | Meeting | Crescent Rounds of 6 | 250-300 |  |
| **BTB Begins** |  |  |  |  |  |
|  | 24 hours (starts at 11am) | Lunch and Plenary Session | Rounds or Crescent Rounds | 1200 |  |
|  | 24 hours | 4 Breakouts | Crescent Rounds | 35-50 each |  |
|  | 24 hours | 8 Breakouts | Crescent Rounds | 75-100 each |  |
|  | 24 hours | 4 Breakouts  | Classroom or Crescent Rounds | 125-250 each |  |
|  | 7:00pm – 9:00 pm | Movie Presentation (can use ballroom) | Theater | 200 |  |
|  |
| **Wednesday****Day 4** |  |  |  |  |  |
|  | 7am – 9:00am | Breakfast | Buffet | 1000 |  |
|  | 10am – 10:30am | AM Coffee Service | Buffet | 1000 |  |
|  | 24-hours – 6:00pm | Morning Plenary  | Crescent Rounds of 6 | 1200 |  |
|  | 12:00pm -1:30pm | Lunch with Speaker (can be held in Plenary) | Rounds -Plated | 1100 |  |
|  | 24 hours – 6:00pm | 4 Breakouts | Crescent Rounds | 35-50 each |  |
|  | 24 hours – 6:00pm  | 8 Breakouts | Crescent Rounds | 75-100 each |  |
|  | 24 hours – 6:00pm | 4 Breakouts | Classroom or Crescent Rounds | 125-300 each |  |
|  |

 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.

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. |  |
| 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: |  | $50,000.00 |

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

Include detailed Food and Beverage menus provided for the unit price indicated below: **(Example: Breakfast menu with protein. Lunch: 2 or 3 course plated. Etc.).**

| **Date** | **Anticipated Group Meals** | **Maximum Per Attendee** | **Estimated Attendance** | **Estimated Cost** |
| --- | --- | --- | --- | --- |
| Monday |  |  |  |  |
| Date 2 | Breakfast | **$25.00** | 100 | **$2,500.00** |
| Date 2 | AM Coffee Service | **$8.00** | 300 | **$2,400.00** |
| Date 2 | Lunch | **$40.00** | 450 | **$18,000.00** |
| Tuesday |  |  |  |  |
| Date 3 | Breakfast | **$25.00** | 800 | **$20,000.00** |
| Date 3 | AM Coffee Service | **$8.00** | 800 | **$6,400.00** |
| Date 3 | Lunch | **$40.00** | 1000 | **$40,000.00** |
| Wednesday |  |  |  |  |
| Date 4 | Breakfast | **$25.00** | 1000 | **$25,000.00** |
| Date 4 | AM Coffee Service | **$8.00** | 1000 | **$8,000.00** |
| Date 4 | Lunch | **$40.00** | 1100 | **$44,000.00** |
| Total Estimated Charges: | **$166,300.00** |

Please list available outlets (such as coffee shops or grab/go stations) for participants to purchase snacks/coffee/tea during the morning and afternoon break(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 occupancy tax (if applicable** |
| --- | --- | --- | --- | --- | --- |
| Sun: Date 1 | SingleOccupancy | 250 |  |  |  |
| Mon: Date 2 | Single Occupancy | 650 |  |  |  |
| Tues: Date 3 | Single Occupancy | 750 |  |  |  |
| Wed: Date 4 | Single Occupancy | 25 |  |  |  |
|  |  | 1675 |  |  |  |

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

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

Propose the 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 | PercentageRate  | 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 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/Wi-Fi connection pricing.
* Can you provide inclusive package (lowest) rate for multiple computers connected to Wi-Fi in meeting rooms?

 If yes, please indicate total including labor, taxes and surcharges:

If over 500 conx. used: $\_\_\_\_\_\_\_\_\_\_\_\_\_ Daily $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for entire program $\_\_\_\_\_\_\_

If under 500 conx. used: $\_\_\_\_\_\_\_\_\_\_\_\_ Daily $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for entire program $\_\_\_\_\_\_\_

* What are the daily charges for computer connection for individual guest rooms? $\_\_\_\_\_\_\_\_\_\_\_
1. Other Program Needs/Concessions (identify if included in other proposed pricing):

| Item No. | Description | Approved (please note if approved) | Alternative  |
| --- | --- | --- | --- |
| 1. | Complimentary registration area telephone – outside line |  |  |
| 2. | Complimentary meeting space Wi-Fi during program dates  |  |  |
| 3. | (20) Complimentary easels |  |  |
| 4. | (6) Complimentary Wireless Internet connections for Registration and Offices (If unable to offer comp. Wi-Fi for program) |  |  |
| 5. | All program office space on total lock out – complimentary lock out and keys for staff |  |  |
| 6. | Complimentary guest room policy – please indicate how many booked rooms will earn 1 complimentary room. (ex: 1/50) |  |  |
| 7. | (8) Complimentary Parking Spaces for program staff |  |  |
| 8. | Complimentary snacks/beverages during movie presentation night. |  |  |
| 9 | Concierge level access (up to 12) |  |  |
|  | **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.

|  |
| --- |
|  |
|  |
|  |

**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: |  |  |  |

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