

ALAMEDA COUNTY REQUEST FOR HOTEL MOTEL ROOMS RPM 04-FY-20
ATTACHMENT A

PRICE QUOTE RESPONSE FORM

Hotel:
Address:
Business Owner Name:

Management contact for contract discussions:
Phone:
Email:

Submission Requirements

Responses should be sent via email to:
Rachel Johnson, Real Property Program Manager, General Services Agency (Rachel.Johnson@acgov.org)

Price Quote

Prior to completing and submitting this form Respondents should closely review the Request for Price Quotes document, and specifically the "Proposed Transaction Structure" section. Proposed pricing should reflect the services offered below; final pricing will be subject to further negotiation and based on agreed scope of services.

1. Minimum Guaranteed Rent:
2. Daily Rate for Each Isolation Room (includes meal service):
3. Daily Rate for Each Worker Room (does not include meal service):

Terms and Conditions

Respondents are invited to identify any specific terms and conditions that would require further negotiation on a separate page. Respondents should note that in the current emergency scenario the County's selection of partners for this effort will be based in part on whether a contract can be negotiated quickly; therefore those respondents with fewer items to be individually negotiated will be more likely to successfully enter an agreement with the County.

[Please complete next pages for further requested information]

Building-specific Information

Number of floors: _____ **Access Type:** Elevator Walk Up

of Rooms (total): _____ **Notes:** _____

of Rooms meet standards: _____ **# of ADA Rooms:** _____

- Rooms have independent air conditioning/heating (HVAC) units per room that **vent externally to the outdoors** with **doors that open to an outdoor hallway** (e.g., a “motor-lodge” style hotel), or non-recirculating ventilation system that permits redirection of the air flow from corridors and staff areas into guest rooms

Describe Ventilation System [NOTE: if unknown, HCSA staff will assess during site visit]

- Each room has its own bathroom with commode and sink (this is REQUIRED for persons under investigation who we are waiting for COVID test results; they cannot be comingling with COVID+ confirmed patients)

Describe bathroom facilities (individuals, shared, both)

- All rooms have phones that can call a front desk
- Ease of access for delivery of food and medical and other supplies to each room
- Entertainment for clients (TV, wifi, etc) (NOTE: COVID+ may need to spend up to 2 weeks in isolation)

Describe: _____

- Individual refrigerators in rooms
- To accommodate patients who smoke, access to a window or isolated balcony/outside space.
- Hotel is only available if Alameda County fully staffs site. (No hotel staff to remain on site)

Additional Information:

- | | |
|--|--|
| <input type="checkbox"/> #Parking Spaces for staff _____ | <input type="checkbox"/> Additional indoor storage area for occupant’s belongings |
| <input type="checkbox"/> ADA Accessible – All common areas | <input type="checkbox"/> Additional outdoor storage area for occupant’s belongings |
| <input type="checkbox"/> Administrative & Clinical Office Space or designated room | |
| <input type="checkbox"/> Holding area for supplies/laundry/medical team (conference rooms) | |

