



County of Alameda GSA-Real Property Management – RPM 06-FY-20  
ATTACHMENT A  
PRICE QUOTE RESPONSE FORM

Hotel Name: \_\_\_\_\_ Address: \_\_\_\_\_

Business Owner Name: \_\_\_\_\_

Business Owner's Phone: \_\_\_\_\_ Business Owner's Email: \_\_\_\_\_

Contact for contract discussions: \_\_\_\_\_ Role (IE Manager, Broker, etc.): \_\_\_\_\_

Phone (for negotiations): \_\_\_\_\_ Email (for negotiations): \_\_\_\_\_

**Submission Requirements**

Responses should be sent via email to: [Rachel.Johnson@acgov.org](mailto:Rachel.Johnson@acgov.org)

Rachel Johnson, Real Property Program Manager, General Services Agency

**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. Unoccupied Daily Rate (for entire site, a per room price with no housekeeping or food):  
\$ \_\_\_\_\_
2. Occupied Daily Rate (Replaces the Unoccupied Daily Rate (includes housekeeping & meal service):  
\$ \_\_\_\_\_
3. Extra Meal Package (for a daily set of three extra meals, to match those being delivered to the rooms, ordered by County staff, contractors, or additional room occupants):  
\$ \_\_\_\_\_

**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): \_\_\_\_\_

# 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: \_\_\_\_\_

- 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
- Entertainment for clients (TV, Wi-Fi, cable, satellite, etc.)

Describe: \_\_\_\_\_

- Individual refrigerators in rooms
- Can accommodate patients who smoke via access to a window or isolated balcony/outside space.

**Additional Information:**

- |   |   |
|---|---|
| <input type="checkbox"/> #Parking Spaces for staff _____  | <input type="checkbox"/> Holding area for supplies/laundry/health care team (or conference rooms) |
| <input type="checkbox"/> Existing hotel security – number of guards & hours covered<br>_____                | <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 for use by County staff. |   |



**06-FY-20 Attachment A - Additional page for comments, if necessary:**