

ATTACHMENT A

PRICE QUOTE RESPONSE FORM

Hotel:

Address:

Business Owner Name:

Management contact for further contract discussions:

Phone:

Email:

Submission Requirements

Responses should be sent via email to:

Trent Rhorer, Executive Director Human Services Agency (trent.rhorer@sfgov.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 City’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 City.

[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 Beds: _____

- ☐ City and County of SF can take control over the entire facility (no hotel staff will remain on site)
- ☐ 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, HSA 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 (if not available, we can provide cell phones to patients that don't have them, so they can contact clinical/management staff)

Describe phone system _____

- ☐ 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 (one will be **required** for the nursing station room)
- ☐ To accommodate patients who smoke, access to a window

Additional Information:

- ☐ #Parking Spaces for staff _____
- ☐ Additional storage area for patient belonging
- ☐ ADA Accessible
- ☐ Administrative & Clinical Office Space or designated room
- ☐ Holding area for supplies/laundry/medical team

