Wicklow County Council

EXPRESSION OF INTEREST

**Emergency Accommodation**

|  |  |
| --- | --- |
| **Your details** | |
| Name |  |
| Contact number |  |
| Address |  |
| Email |  |

|  |  |
| --- | --- |
| **Accommodation details** | |
| Trading Name: |  |
| Address: |  |
| Eircode: |  |

|  |  |
| --- | --- |
| **Details of Accommodation** | |
| Total Number of Single Bedrooms |  |
| Total Number of Double Bedrooms |  |
| Total Number of Twin Bedrooms |  |
| Total Number of Family Bedrooms |  |
| Any other relevant information |  |

|  |  |
| --- | --- |
| **Details of Accommodation** | |
| Total Number of Single Bedrooms |  |
| Total Number of Double Bedrooms |  |

|  |  |
| --- | --- |
| **Facilities available (Yes/No)** | |
| Bed Only (no other facilities available) | Yes / No (*delete as appropriate*) |
| Bed Only with facilities for Self-Catering | Yes / No (*delete as appropriate*) |
| Bed & Breakfast Only | Yes / No (*delete as appropriate*) |
| Bed & Breakfast with facilities for Self-Catering | Yes / No (*delete as appropriate*) |
| Bed & Full Board | Yes / No (*delete as appropriate*) |
| Bed Only & Self Catering | Yes / No (*delete as appropriate*) |
| Laundry facilities – self use | Yes / No (*delete as appropriate*) |
| Laundry facilities – serviced | Yes / No (*delete as appropriate*) |
| No Laundry facilities | Yes / No (*delete as appropriate*) |
| Any other information |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Pricing Schedule** | | | |
| Room Type | Per night | Per week | Per month |
| Single |  |  |  |
| Double |  |  |  |
| Twin |  |  |  |
| Family |  |  |  |
| Any other information |  |  |  |

|  |
| --- |
| **Further Information** |
| Please provide any further information which you wish to provide in support of the above. |
|  |

Completed Expressions of Interest forms should be submitted to [housinghomeless@wicklowcoco.ie](mailto:housinghomeless@wicklowcoco.ie) for the attention of the Senior Executive Officer on or before Friday 29th July 2022.

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Signed Date