



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 |  |
| Details of configuration of bedrooms e.g. adjoining with interconnecting door etc. |  |
| Any other relevant information |  |
| **Details of Accommodation** |  |
| Total Number of Single Bedrooms |  |
| Total Number of Double Bedrooms |  |
| Total Number of bedrooms that are interconnected to allow for use joints for one household |  |
| **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)* |
| Off street parking facilities |  |
| Served by public transport links; include details (Bus or Train) and details of regulatory of service. |  |
| 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 homeless@galwaycity.ie

for the attention of the Administrative Officer.

Signed Date