A red and black logo

AI-generated content may be incorrect.

A logo with a boat in the middle

AI-generated content may be incorrect.

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