

**STATE OF IOWA
DEPARTMENT OF ADMINISTRATIVE SERVICES
PROCUREMENT SERVICES
HOTEL/MOTEL/BED & BREAKFAST RATE AGREEMENT
For the Period January 1, 2015 through December 31, 2015**

Instructions: Provide all information requested. If not applicable or not available, please indicate N/A. Incomplete proposals will be returned.

1. General Property Information:

Owner's Name _____

Lodging Property Name _____

Address _____
Street City Zip

Mailing Address (if different) _____
Street City Zip

Owner's Address (if different) _____
Street City Zip

Owner's E-mail: _____

Certified Iowa Targeted Small Business ____ Yes ____ No

2. Telephone, FAX and E-Mail Contact Information:

Telephone Direct to Facility _____

Toll-Free Reservations Line _____

FAX No. For Reservation _____

TDD for the DEAF _____

E-Mail for Reservations _____

3. Physical Description of the Property:

Type (Check one) __ Hotel __ Motel __ All-Suite __ B & B

Total Number of Sleeping Rooms _____ Number of Floors _____

Sleeping Door Access ____ Inside ____ Outside

4. Market Classification:

_____ Moderate _____ Economy _____ Budget

5. Distance, (Miles), to Nearest Business District: _____

6. Distance, (Miles), to Nearest State Facility: _____

7. Contract Rates: State of Iowa travelers on official business for the State are limited to a reimbursement of \$55 per day for a single occupancy room, exclusive of taxes. There may be exceptions based on business need as stated in the Department of Administrative Services – State Accounting Enterprise travel policy. Rates quote must be inclusive of all room charges, except sales tax and applicable hotel/motel tax. The State desires that quoted rates not include repeat use incentives such as “stay for ten nights and receive the eleventh night free.”

Single Occupancy Room (Room Occupied by 1 person) \$ _____

One Bedroom Suite \$ _____

Double Occupancy Room (Room Occupied by 2 persons) \$ _____

Additional Person Charge (3 or more People) \$ _____

8. Availability of Contract Rate Rooms: Please check the percentage of your facility’s total single room inventory that will be available to State of Iowa travelers: (Check only one. If checking “b”, indicate percentage of rooms that will be available at the contract rate.)

a. _____ 100% or “Last Room Availability”

b. _____ Limited to _____% Based on Availability

9. Special Events Restrictions and Fee Policies:

Will Iowa Contract Rates be honored during special events? __ Yes __ No

Will Iowa Contract Rates be honored during holidays? __ Yes __ No

Will Iowa Contract Rates be extended for personal travel? __ Yes __ No

Will a cancellation fee policy be enforced? __ Yes __ No

Will an “early check-out” fee be enforced? __ Yes __ No

Will a “late check-out” fee be enforced? __ Yes __ No

10. Forms of Payments:

Will you accept standard credit cards? Yes No

List any credit cards you DO NOT accept: _____

If you accept cash, is a deposit required Yes No

If you accept checks, is a deposit required Yes No

11. Iowa Traveler Identification: Your facility must accept one of the forms of identification described below as a validation of entitlement to the Iowa Contract rates.

- State of Iowa Identification Card
- State of Iowa payroll ID (state warrant stub)
- A Letter on State Letterhead signed by an officer of agency identifying the bearer as traveling on official state business

12. Accessibility and Services:

Does your facility meet or exceed the Americans with Disabilities Act (ADA) accessibility guidelines? Yes No Not Sure

Check all Services Available at Your Facility

- | | |
|--|--|
| <input type="checkbox"/> Non-Smoking Rooms | <input type="checkbox"/> Restaurant (Nearby) |
| <input type="checkbox"/> Complimentary Continental Breakfast | <input type="checkbox"/> Restaurant (On Site) |
| <input type="checkbox"/> Complimentary Full Breakfast | <input type="checkbox"/> Indoor Pool |
| <input type="checkbox"/> Complimentary Breakfast Buffet | <input type="checkbox"/> Outdoor Pool |
| <input type="checkbox"/> Free Parking | <input type="checkbox"/> Whirlpool |
| <input type="checkbox"/> Charged Parking | <input type="checkbox"/> Sauna |
| <input type="checkbox"/> Valet Parking | <input type="checkbox"/> Exercise Room (On site) |
| <input type="checkbox"/> 18-Wheeler Parking | <input type="checkbox"/> Exercise Room (Nearby) |
| <input type="checkbox"/> Airport Shuttle | <input type="checkbox"/> Coffee Maker in Room |
| <input type="checkbox"/> Complimentary Coffee | <input type="checkbox"/> Hair Dryer in Room |
| <input type="checkbox"/> Complimentary Newspaper | <input type="checkbox"/> Iron & Ironing Board |
| <input type="checkbox"/> Modem Connection Available | <input type="checkbox"/> Room Service Available |
| <input type="checkbox"/> Fax Machine Available | <input type="checkbox"/> Express Check In/Out |
| <input type="checkbox"/> Free Local Phone Calls | <input type="checkbox"/> Copying Service |
| <input type="checkbox"/> Electronic Room Key | <input type="checkbox"/> 24 Hour Security |
| <input type="checkbox"/> Personal Computer/Printer Available | <input type="checkbox"/> Laundry Room |
| <input type="checkbox"/> Wireless Internet/Business Center | <input type="checkbox"/> Wireless Internet/Room |

13. Contract Extended to Political Subdivisions: The provisions of this contract will be extended to political subdivisions? Political subdivisions are defined to mean county government, city government, school districts, or combination thereof. _____ Yes _____ No

13. Contract Terms: I agree to honor contract rates as herein described and the services and amenities checked. I certify that the information listed in this Hotel/Motel/Bed & Breakfast Rate Agreement is accurate and that the rates quoted will be valid January 1, 2015 through December 31, 2015. I understand that failure to honor the quoted rates and policies; submission of inaccurate information, or deficiencies in service levels could result in this contract being cancelled. I understand that the State of Iowa intends, in its sole discretion to contract with a limited number of facilities which, in the State's discretion, offer good value at a competitive rate. Further, submission of this proposal to the State does not guarantee acceptance by the State.

Title _____

Printed Name _____

Signature of General Manager or Owner _____

Email address General Manager or owner _____

Date _____

Accepted on behalf of the State by:

Title State of Iowa, Hotel/Motel Contracts Administrator

Printed Name Barbara A. Sullivan

Signature _____

Date _____

Please return this application (deadline Friday, December 19, 2014) to Barbara Sullivan at Barbara.Sullivan@iowa.gov, or to fax 515-725-0062. Thank you.