STATE OF IOWA DEPARTMENT OF ADMINISTRATIVE SERVICES PROCUREMENT SERVICES HOTEL/MOTEL/BED & BREAKFAST RATE AGREEMENT

HOIEL/MOIEL/BED & BREAKFAST RATE AGREEMENT For the Period January 1, 2015 through June 30, 2016

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	Ziŗ)		
Mailing Address (if different) _	Street		Zip		
Owner's Address (if different)					
Owner's E-mail:	Street	City	Zip		
Certified Iowa Targeted Small	Business	Yes _	No		
2. <u>Telephone, FAX and E-Mail Contac</u>	et Informati	ion:			
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 Proper	ty:				
Type (Check one) Hotel	Motel	All-Suite	B & B		
Total Number of Sleeping Roo	ms	Number o	of Floors		
Sleeping Door Access	Inside	Outsid	de		

4. Market CI	assification:			
	Moderate	_ Economy	Budget	
5. <u>Distance,</u>	(Miles), to Neares	t Business District	<u>t</u> :	
6. <u>Distance,</u>	(Miles), to Neares	t State Facility:		
are limited to exclusive of stated in the Enterprise charges, exthat quoted	Rates: State of lowers are imbursement of taxes. There makes Department of travel policy. Recept sales tax and rates not include receive the elevent	t of \$55 per day for y be exceptions be Administrative Se ates quote must applicable hotel/r repeat use incen	or a single pased on the ervices – be inclust notel tax.	occupancy room ousiness need as State Accounting sive of all room The State desires
Single Occu	ıpancy Room (Roo	m Occupied by 1	person)	\$
One Bedroo	om Suite			\$
Double Occ	upancy Room (Ro	om Occupied by 2	persons)	\$
Additional F	Person Charge (3 o	r more People)		\$
your facility lowa travele	ty of Agreement F 's total single roo ers: (Check only o will be available at	m inventory that one. If checking '	will be ava "b", indica	ailable to State o
a	100% or "Last Roc	om Availability"		
b	Limited to%	Based on Availab	ility	
9. <u>Special E</u>	vents Restrictions	and Fee Policies:		
Will lowa Aç Yes N	greement Rates be o	honored during s	pecial eve	nts?
Will lowa Aç Yes N	greement Rates be lo	honored during h	olidays?	
Will lowa Aç Yes N	greement Rates be lo	extended for pers	sonal trave	l?
Will a cance	allation fee nolicy h	ne enforced?	Yes N	lo.

Will an "early check-out" fee be enforced?	Yes No
Will a "late check-out" fee be enforced? 10. <u>Forms of Payments</u> :	Yes No
Will you accept standard credit cards?	YesNo
List any credit cards you DO NOT accept: _	
If you accept cash, is a deposit required	YesNo
If you accept checks, is a deposit required	YesNo
11. <u>lowa Traveler Identification</u> : Your facili of identification described below as a valid Agreement rates.	
 State of Iowa Identification Card State of Iowa payroll ID (state warran A Letter on State Letterhead signed I identifying the bearer as traveling on 	by an officer of agency
12. Accessibility and Services:	
Does your facility meet or exceed the (ADA) accessibility guidelines?Yes	
Check all Services Available at Your Facilit	у
 Non-Smoking Rooms Complimentary Continental Breakfast Complimentary Full Breakfast Complimentary Breakfast Buffet Free Parking Charged Parking Valet Parking 18-Wheeler Parking Airport Shuttle Complimentary Coffee Complimentary Newspaper Modem Connection Available Fax Machine Available Free Local Phone Calls Electronic Room Key 	Restaurant (Nearby) Restaurant (On Site) Indoor Pool Outdoor Pool Whirlpool Sauna Exercise Room (On site) Exercise Room (Nearby) Coffee Maker in Room Hair Dryer in Room Iron & Ironing Board Room Service Available Express Check In/Out Copying Service 24 Hour Security

Personal Computer/Printer Availa Wireless Internet/Business Center 13. Contract Extended to Political Suragreement will be extended to political	r Wireless Internet/Room bdivisions: The provisions of this subdivisions? Political subdivisions			
are defined to mean county government or combination thereof Yes _	nt, city government, school districts, No			
13. Contract Terms: I agree to honor a and the services and amenities checked in this Hotel/Motel/Bed & Breakfast R the rates quoted will be valid Januar understand that failure to honor the quot inaccurate information, or deficient this agreement being cancelled. I under in its sole discretion to contract with a the State's discretion, offer good value submission of this proposal to the State the State.	ed. I certify that the information listed ate Agreement is accurate and that ry 1, 2015 through June 30, 2016. I noted rates and policies; submission cies in service levels could result in that the State of Iowa intends, limited number of facilities which, in alue at a competitive rate. Further,			
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 Agreements Coordinator			
Printed Name	Barbara A. Sullivan			
Signature _				
Date _				
Please return this application to Barbara Sullivan at				

Please return this application to Barbara Sullivan at <u>Barbara.Sullivan@iowa.gov</u>, or to fax 515-725-0062. Thank you.