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<http://va-jamescitycounty.civicplus.com/467/Bids-Requests-For-Proposals>

**JAMES CITY COUNTY, VIRGINIA
REQUEST FOR INFORMATION No. 21-14769**

Title: Temporary Emergency Accommodations

Issue Date: July 13, 2020

Due Date: Responses are requested by July 24, 2020 at 2:00 p.m. Responses may be submitted after this date, and the County reserves the right to consider them; however, the County makes no guarantee that responses received after the above date will be reviewed.

Submit: Responses may be emailed to: jessica.yost@jamescitycountyva.gov or faxed to 757-253-6753 (ATTN: Jessica Yost).

Inquiries: Shall be addressed to Jessica Yost, via email: jessica.yost@jamescitycountyva.gov by July 20, 2020. Responses to questions will be posted via an addendum to this RFI on the County website at <http://va-jamescitycounty.civicplus.com/467/Bids-Requests-For-Proposals>

This public body does not discriminate against faith-based organizations.

I. **PURPOSE:** James City County is seeking information from firms regarding their ability to provide as-needed, short term and long term overnight accommodations for County Staff, Citizens and/or Visitors of the County who become displaced due to any occurrence, or threat thereof, whether natural or man-made, as defined in the Code of Virginia, §44-146.16. The County intends to establish Memorandums of Understanding (MOUs) with firms to provide these accommodations on an as-needed basis at the request of the County. These accommodations provided under a resulting MOU shall only be available prior to, during, and for a reasonable amount of time after a declared emergency, as determined by the County. This solicitation contemplates the establishment of MOUs with multiple firms with a preference for firms offering accommodations within the County; however, a more remote location(s) is also desirable depending on the magnitude of an event impacting the County as a whole and/or the affected zone.

II. **BACKGROUND:**

James City County is a full-service local government located near historic Williamsburg, Virginia. It is a growing, urbanizing community of 141 square miles with a population of close to 76,000 residents. The County provides its citizens with a wide variety of services including police and fire protection, social services, water and wastewater services, among others. More information about the County and its population profile can be found at: <https://jamescitycountyva.gov/3698/Population-Profile>.

The County as part of its Emergency Planning in addition to or in place of our normal emergency shelter plans, is in need of assistance to provide overnight, short and long term accommodations for County Staff, Citizens, Visitors, and any other parties as determined by the County. The County typically utilizes schools, and community centers etc. as temporary shelters, but due to COVID 19 this may not be practical due to the various restrictions of each re-opening stage as defined by the Commonwealth of Virginia and any additional restrictions or considerations as

determined by the County. The County is seeking additional sources of temporary lodging, including access to ADA compliant rooms and pet friendly rooms.

III. STATEMENT OF NEEDS:

- A. Upon notification by the James City County Office of Emergency Management, our lodging partners as determined by the resulting MOU(s), shall provide the number and type of rooms available to the County for use as temporary lodging. The number and type of rooms available by the lodging partner and requested by the County for a particular duration shall be blocked and reserved for sole use by the County until the lodging partner is notified that the rooms are no longer needed. Unless the County cancels any of the rooms in the room block at least 24 hours in advance of a potential night's lodging for an unused room in the room block, the County shall pay the contract price for one night for each room that the hotel is unable to rebook to another occupant.
- B. Facilities to house evacuees and visitors should preferably be within the County limits, but one or more lodging partners as determined in the best interest of the County may also be located within fifty (50) miles of James City County Emergency Operations Center (EOC), 3127 Forge Road, Toano VA 23168
- C. 25 rooms are needed to house approximately fifty (50) members of the JCC Emergency Operations Team by shared rooms of two occupants within five (5) miles of the EOC, 3127 Forge Road, Toano VA 23168 ("Emergency Operations Team Rooms"). *Note – this is a desired provision, but not required of all lodging partners.
- D. All accommodations shall be smoke free and have at minimum a refrigerator, microwave, television, complimentary high speed internet, and cleaning and laundry services limited to hotel provided items.
- E. Room sizes and needs will vary by the individual need. Rooms shall be available to include but not limited to the following combinations to best serve our needs.
 - 1. Standard type room with one (1) full/queen bed.
 - 2. Standard type room with one (1) king bed.
 - 3. Standard type room with two (2) full/queen beds.
 - 4. ADA Compliant Room's with two (2) full/queen beds, walk in shower and grab handles in the bathroom.
 - 5. ADA Compliant Room's with one (1) full/queen bed, walk in shower and grab handles in the bathroom.
 - 6. Adjoining rooms and or suites for families to sleep a minimum of eight (8)
 - 7. Suites should have at a minimum the capacity to sleep four (4) comfortably with two (2) full/queen beds per room, or one (1) king per room and a pull out couch.
 - 8. It is contemplated that at least one MOU will be executed with a facility that can provide pet friendly rooms in any of the above configurations.
- F. If a displaced person identifies as COVID Positive with or without symptoms when first identified as a displaced person eligible for lodging or while lodging with Contractor, the Contractor may require compensation at the agreed room rate for leaving vacant all other rooms on the same floor as the room provided to that COVID Positive occupant and any members of their household that opt to isolate with them.
- G. Facilities that have the capacity to provide contact-less meal delivery or pickup three meals per day (breakfast, lunch, and dinner) to occupants shall provide a price per meal

for the County to select as an optional additional service as part of any task orders issued under an MOU. The County reserves the right in the event of activation of a task order issued under an MOU to procure or receive donations of meals from other sources as determined in the best interest of the County.

H. The County prefers to house members of the same household (inclusive of caretakers or multigenerational families) together in adjacent or adjoining rooms.

I. Invoices:

Invoices shall be sent to Accounts.Payable@jamescitycountyva.gov. Invoices shall be detailed to show the room type, rate, and the name of the occupant. All information shall match the rates as provided in the resulting contract and shall not exceed the duration of stay specified in a task order. The occupant name shall match the listing of names referred to the facility by James City County Emergency Management Staff.

IV. **PERIOD OF PERFORMANCE:** Each MOU executed between the County and a lodging partner will be in effect for a period of one (1) year from the date of execution with four (4), one (1) year renewal options upon the mutual written agreement of the parties.

V. **SUBMISSION INSTRUCTIONS:**

Interested firms shall complete and email/fax a copy of "Attachment A" included in this solicitation to Jessica Yost – yyost@jamescitycountyva.gov. Fax: 757-253-6753

VI. **SELECTION OF LODGING PARTNERS:** The County will review submissions in response to this RFI and will contact those firms whose offerings best meet the needs of the County. The County will work with each selected firm to clarify and negotiate pricing and other terms. If, following negotiations, the County determines a partnership with a firm will be in its best interest, the County will execute a Memorandum of Understanding with said firm to provide the as-needed services described herein and negotiated between the parties.

VII. **PRICING SCHEDULE:** Pricing for the rooms below shall include all required items as listed in Section III Statement of Needs, subsection D.

VIII. **COUNTY USE OF INFORMATION:** The County will not pay for the preparation of any information submitted or for use of that information. The County reserves the right to utilize any information submitted in its best interest without any obligation, liability, or consideration on the part of the County. Ownership of all data, materials and documentation originated and prepared for the County pursuant to this RFI shall belong exclusively to the County and be subject to public inspection in accordance with the Virginia Freedom of Information Act. Trade secrets or proprietary information submitted by a firm shall not be publicly disclosed under the Virginia Freedom of Information Act; however, the firm shall invoke the protection of this section prior to or upon submission of the data or other materials and must identify the data or other materials to be protected and state the reasons why protection is necessary. Disposition of the proprietary materials after the RFIs are reviewed should be stated by the firm. Firms should indicate on the **Cover Sheet** the portions of their response that are proprietary and return the signed Cover Sheet with their submission. Please list the page number(s) and reason(s).

IX. **ATTACHMENTS:**

ATTACHMENT A: VENDOR INFORMATION & PRICING

ATTACHMENT A

PART I: VENDOR INFORMATION

Vendor Name: _____

Vendor's Primary Contact:

Name: _____ Title: _____

Phone: _____ Email: _____

Years in Business: Indicate the length of time you have been in business providing this type of good or service:

_____ Years _____ Months

PROPRIETARY INFORMATION YES () NO ()

Trade secrets or proprietary information is hereby submitted and identified. Reasons for protection and exclusion from the Virginia Freedom of Information Act (2.2 et seq.) is set forth below. (Additional sheet may be added if necessary.)

State Corporation Commission No.#: _____

eVA Vendor ID or DUNS Number: _____

Address: _____

City/State/Zip: _____

Telephone: _____ FAX: _____

Email: _____

Print Name: _____ Title: _____

Signature _____ Date _____

VENDOR QUESTIONNAIRE

1.) Which of the following room configurations can your firm supply? Check all that apply *Note, all rooms provided must meet the minimum requirements stated in subsection D under section III Statement of Needs of this document.

Room Type	Can Provide? Indicate "Yes" or "No"	Comments
Standard type room with one (1) full/queen bed		
Standard type room with one (1) king bed		
Standard type room with two (2)		

full/queen beds		
ADA Compliant Room's with two (2) full/queen beds, walk in shower and grab handles in the bathroom		
ADA Compliant Room's with one (1) full/queen bed, walk in shower and grab handles in the bathroom		
ADA Compliant Room's with one (1) full/queen bed, walk in shower and grab handles in the bathroom		
Adjoining rooms and or suites for families to sleep a minimum of eight (8)		
Suites that have at a minimum the capacity to sleep four (4) comfortably with two (2) full/queen beds per room, or one (1) king per room and a pull out couch.		
Other:		

2.) Would the County be able to secure a block of rooms prior to a storm?

Yes _____ No _____

Comments: _____

3.) Can your facility provide 25 rooms within the same lodging facility to house approximately 50 members of the JCC Emergency Operations team within 5 miles of the EOC at 3127 Forge Road, Toano, VA 23168?

Yes _____ No _____

Comments: _____

4.) How many total rooms could be made available (estimated)? _____

5.) Does the lodging facility have a secondary power source? _____

6.) Can your facility provide contactless meal delivery or pickup for three meals a day (breakfast, lunch, dinner)?

Yes _____ No _____

Comments: _____

7.) Does your lodging facility have a large room where box meals could be distributed?

Yes _____ No _____

Comments: _____

8.) Explain how your firm can provide accommodations, should the County need to house a COVID Positive guest/ household (e.g. blocking of a floor of rooms)

9.) If there is additional information about your firm’s offerings you would like to share with the County, please attach additional pages.

PART II – PRICING

Table A: Emergency Operations Team Rooms

Item #	Description	Daily Rate (1 Day)	Weekly Rate (7 Days)	Monthly Rate (30 days)
1	Standard Room with two (2) Full/Queen Beds	\$	\$	\$

Table B: Displaced Citizen Room Rates

Item #	Description	Daily Rate (1 Day)	Weekly Rate (7 Days)	Monthly Rate (30 days)
1	Standard Room with one (1) Full/Queen Bed	\$	\$	\$
2	Standard Room with one (1) King Bed	\$	\$	\$
3	Standard Room with two (2) Full/Queen Beds	\$	\$	\$
4	ADA Compliant Room with two (2) Full/Queen Beds	\$	\$	\$
5	ADA Compliant Room with one (1) Full/Queen Bed	\$	\$	\$
6	Suite with two (2) Full/Queen Beds	\$	\$	\$
7	Suite with one (1) King Bed and a pull out Couch	\$	\$	\$
Item #	Description	Daily Rate (1 Day)	Weekly Rate (7 Days)	Monthly Rate (30 days)
8	Pet Charge	\$	\$	\$

Table C: Displaced Citizens with COVID Room Rates

Item #	Description	Daily Rate (1 Day)	Weekly Rate (7 Days)	Monthly Rate (30 days)
1	Standard Room with one (1) Full/Queen Bed	\$	\$	\$
2	Standard Room with one (1) King Bed	\$	\$	\$
3	Standard Room with two (2) Full/Queen Beds	\$	\$	\$
4	ADA Compliant Room with two (2) Full/Queen Beds	\$	\$	\$
5	ADA Compliant Room with one (1) Full/Queen Bed	\$	\$	\$
6	Suite with two (2) Full/Queen Beds	\$	\$	\$
7	Suite with one (1) King Bed and a pull out Couch	\$	\$	\$
8	Entire Floor Charge for COVID Rooms	\$	\$	\$

SCENARIO: Using the data provided in the Section VII Pricing Schedule, above please complete the below scenario to be used solely for purposes of determining estimated costs but not binding the scope of an actual task order should an awarded contract be activated for a particular emergency event. In the event of any mathematical errors the unit price provided in Section VII. Pricing Schedule shall prevail.

Table A: Emergency Operations Team Rooms

Item #	Description	Weekly Rate (7 Days)	Estimated Number of Rooms	Extended Total
1	Standard Room with two (2) Full/Queen Beds	\$	25	\$
			Table A Total:	\$

Table B: Displaced Citizen Room Rates

Item #	Description	Weekly Rate (7 Days)	Estimated Number of Rooms	Extended Total
1	Standard Room with one (1) Full/Queen Bed	\$	20	\$
2	Standard Room with one (1) King Bed	\$	20	\$
3	Standard Room with two (2) Full/Queen Beds	\$	20	\$

4	ADA Compliant Room with two (2) Full/Queen Beds	\$	25	\$
5	ADA Compliant Room with one (1) Full/Queen Bed	\$	25	\$
6	Suite with two (2) Full/Queen Beds	\$	20	\$
7	Suite with one (1) King Bed and a pull out Couch	\$	20	\$
8	Pet Charge	\$	25	\$
			Table C Total:	\$

Table C: Displaced Citizens with COVID Room Rates

Item #	Description	Weekly Rate (7 Days)	Estimated Number of Rooms	Extended Total
1	Standard Room with one (1) Full/Queen Bed	\$	5	\$
2	Standard Room with one (1) King Bed	\$	5	\$
3	Standard Room with two (2) Full/Queen Beds	\$	5	\$
4	ADA Compliant Room with two (2) Full/Queen Beds	\$	3	\$
5	ADA Compliant Room with one (1) Full/Queen Bed	\$	3	\$
Item #	Description	Weekly Rate (7 Days)	Estimated Number of Rooms	Extended Total
6	Suite with two (2) Full/Queen Beds	\$	5	\$
7	Suite with one (1) King Bed and a pull out Couch	\$	5	\$
8	Entire Floor Charge for COVID Rooms	\$	1	\$
			Table D Total:	\$

OPTIONAL – MEAL PRICING

Meals must be provided via contact-less delivery or available for pickup with minimal social interaction.

Breakfast \$ _____

Lunch \$ _____

Dinner \$ _____