

MEATH COUNTY COUNCIL

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 Bedro	ooms				
Any other relevant information	n				
Details of Accommodation					
Total Number of Single Bedrooms					
Total Number of Double Bedrooms					
Facilities Assilable (Vec/N	-1				
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)	
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@meathcoco.ie for the attention of the Senior Executive Officer on or before Friday 28 th April 2023.					
Signed	Date				