|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Item | Detail | Respondent has On-Site (Y/N/Partial)[[1]](#footnote-2) | If Not On-Site, Respondent to: (A) Fit-Out; (B) Obtain[[2]](#footnote-3) | If (A), Cost to Fit-Out[[3]](#footnote-4) | If (A), Time to Complete | If (B), Cost to Obtain[[4]](#footnote-5)3 | If (B), Time to Complete | Notes |
| Example: | **Water Closet** | **• 1 Water Closet per 15 persons** | **Partial** | **Fit-Out** | **$25,000 per Water Closet; $125,000 total** | **90 days** | **N/A** | **N/A** | **Site has 15 water closets and needs 5 additional to meet requirement** |
| 1 | Lavatories | • 1 Lavatory per 15 persons | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 2 | Toilets | • 1 Toilet per 15 persons | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 3 | Showers | • 1 Shower per 15 persons | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 4 | Service Sink | • 1 service sink for general housekeeping (would be best as one per floor) | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 5 | Hand Wash Sink | • 1 hand wash sink for food service staff | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 6 | Food Service Sink | • 1 sink for food service prep/clean- up (2 compartment) | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 7 | Drinking Fountains | • 1 per 100 persons, min 2 - with 1 ADA compliant per floor | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 8 | Kitchens  | • Requirements TBD | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 9 | Beds | • 1 per person | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 10 | Linens / Blankets / Pillows | • 1 set per person | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 11 | Chairs | • 1.25 per person | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |
| 12 | Tables | • 0.75 per person | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] | [ ] |

1. *If Respondent can “partially” meet the listed requirement, please indicate ‘Partial’ in this column and elaborate in the ‘Notes’ column* [↑](#footnote-ref-2)
2. *If Respondent does not fully meet the listed requirement, Respondent can indicate whether they plan to fit-out space on their own or contract with a third-party provider to meet the associated requirement.* [↑](#footnote-ref-3)
3. *Please indicate Cost per Unit and Total Cost* [↑](#footnote-ref-4)
4. [↑](#footnote-ref-5)