

LEASE PROPOSAL FORM – Page One

Lease Proposal for: _____ Address: _____ Proposed Occupancy Date: _____

THE OFFEROR

PROPOSAL SUBMITTED BY _____ (Company)

(Contact Person)

(Street Address)

(City, State, ZIP)

(Phone/Fax/Email)

CREDIT REFERENCES (Please provide three (3) verifiable references as noted below):

BANK REFERENCE: _____ (Company)

(Contact Person)

(Street Address)

(City, State, ZIP)

(Phone/Fax/Email)

TRADE REFERENCE: _____ (Company)

(Contact Person)

(Street Address)

(City, State, ZIP)

(Phone/Fax/Email)

TENANT REFERENCE: _____ (Company)

(Contact Person)

(Street Address)

(City, State, ZIP)

(Phone/Fax/Email)

QUALIFICATIONS (Please provide information as noted below):

COMMERCIAL DEVELOPMENT EXPERIENCE: _____

(Please provide brief narrative detailing size and nature of properties developed, locations and tenancies. A copy of your company's professional brochure may be attached to this proposal as additional information.)

COMMERCIAL PROPERTY MANAGEMENT EXPERIENCE: _____

(Please provide brief narrative detailing size and nature of properties managed, professional designations in property management, if any, landlord/tenant relationships with other governmental entities, etc. A copy of your company's professional brochure may be attached to this proposal as additional information.)

CAUTION: Any incomplete items in this proposal form may cause proposal to be discarded.

LEASE PROPOSAL FORM Page Two

COST OF THE FACILITY

RENT SCHEDULE: Please fill in the blanks below with each year's rent. If any expenses are not included in the rent, please note these expenses on the line below the rent schedule.

Initial Lease	Annual Rent	Rent/Sq Ft /Yr*	Option Period	Annual Rent	Rent/Sq Ft/Yr*
Yr 1	\$	\$	Yr 6	\$	\$
Yr 2	\$	\$	Yr 7	\$	\$
Yr 3	\$	\$	Yr 8	\$	\$
Yr 4	\$	\$	Yr 9	\$	\$
Yr 5	\$	\$	Yr 10	\$	\$

ITEMS NOT INCLUDED IN RENT: _____

RENT ESCALATIONS: Proposals without escalations will be given the highest points. All others will be prorated according to the perceived degree of cost exposure. If no increases, expense stops or pass-throughs are to be charged to state, write "None" in each table. Due to budget approval issues, it is beneficial for the State to have caps on increases so it can plan accordingly.

CONSUMER PRICE				FIXED INCR:			BASE YR (OR BASE COST) EXPENSE STOP \$____, -or- <input type="checkbox"/> NONE					
INDEX BASE YR: ____ -or- <input type="checkbox"/> NONE				%: ____ or \$/SF: \$____, -or- <input type="checkbox"/> NONE				Taxes	Insur	Util	Common Area	% Cap
Lse	Yes	No	% Cap	Lse	Yes	No	Cost/ SF	\$____	\$____	\$____	\$____	%: ____
Yr 1			%	Yr 1			or					
Yr 2			%	Yr 2			Base Yr					
Yr 3			%	Yr 3			Yr 3					
Yr 4			%	Yr 4			Yr 4					
Yr 5			%	Yr 5			Yr 5					

DIRECT PASS-THROUGH OF BLDG EXPENSES (NNN LEASE)							PLEASE PROVIDE ANY FURTHER DETAIL NEEDED TO CLARIFY THIS SECTION:
\$____, -or- <input type="checkbox"/> NONE							
% of BLDG AREA: ____%							
Initial Lse	Taxes	Insur	Util	Janit	Common Area	NNN Lse	
Yr 1	\$	\$	\$	\$	\$	\$	
Yr 2	\$	\$	\$	\$	\$	\$	
Yr 3	\$	\$	\$	\$	\$	\$	
Yr 4	\$	\$	\$	\$	\$	\$	
Yr 5	\$	\$	\$	\$	\$	\$	

TENANT FINISH ALLOWANCE: The State prefers a turnkey finish. Exposure to any unanticipated financial outlay is a problem and accordingly, all potential finish costs must be disclosed. A turnkey finish will be given the highest points. All others will be rated according to the perceived degree of cost exposure to the State. In order to control costs, any changes to the plans after they are approved by the agency must be in writing and must include a cost estimate.

Tenant Finish Allowance: ☐ Turnkey ☐ \$_____/sq ft (Office Area) \$_____/sq ft (Warehouse Area)

Does allowance include space planning & architectural fees? ☐ Yes ☐ No

Do you anticipate the agency's stated needs will exceed the finish allowance noted above? ☐ Yes ☐ No If yes, what is the estimate for these costs: \$_____/sq ft.

Please provide any recommendations to reduce the tenant finish cost (which will ultimately result in cost savings to both Lessor and the State): _____

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COST OF THE FACILITY (CON'T)

PHONE/DATA WIRING ALLOWANCE: The State prefers the data and telephone wiring be performed by the Lessor to minimize disruptions to the Agency and damages to the facility. Since it could be difficult to accurately determine the cost of these items until specific plans and specifications are completed, please provide an allowance towards this anticipated Lessor expense.

Allowance for Data/Phone Installation: \$ _____/sq ft, based upon: ☐ Net Rentable Area ☐ Usable Area ☐ Other:

Please detail: _____

Are DS3 fiber optics available to the building? ☐ Yes ☐ No NOTE: Microwave is generally not acceptable.

LESSOR INCENTIVES: The State can provide long-term tenancy and the security of a viable tenant. Please detail incentives you would offer to offset the agency's moving expenses:

Rent Discount for Annual Prepayment of the Lease: _____ %.

Moving Expense Reimbursement: \$ _____. The agency's moving expenses are noted on page 2 of the RFP.

Additional Services: _____

(Ex: Enhanced building maintenance, security, additional services or amenities)

Other Incentives: _____

(Ex: Free rent for several months, no rent escalations for a certain period, allowance toward office furniture, additional tenant finish allowance, first right of refusal on adjacent space, etc.)

SQ FT: _____ (Office Area) _____ (Warehouse Area) _____ (Total Building) _____ (Yard Area)

Please attach a rough floor plan to proposal. The State does not wish to have the Offeror expend a large amount of funds on initial floor plans and renderings since agency review will generally cause revisions. We are seeking more of a rough floor plan to provide the committee with a concept of the facility.

LOCATION OF THE FACILITY

FACILITY LOCATION: _____ (St Address) _____ (City, ZIP)

NEAREST CROSS STREETS: _____

ADJACENT PROPERTY USES:

_____ (To the East)

_____ (To the West)

_____ (To the North)

_____ (To the South)

PROXIMITY TO BUS ROUTE: _____ (# of Blocks)

PROXIMITY TO FEDERAL, STATE AND LOCAL AGENCIES WITHIN 1 MILE RADIUS: _____

BENEFITS OF THIS LOCATION: _____

(Please provide brief narrative detailing amenities available and other benefits of this location. Attach a copy of the property brochure as additional information.)

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LEASE PROPOSAL FORM Page Four**THE FACILITY**DESCRIPTION OF FACILITY: ☐ New ☐ Existing _____ Age of Building☐ To Be Renovated ☐ As Is ☐ Single User Facility ☐ Multi-tenanted Bldg.☐ Single-Story Bldg ☐ Multi-storied Bldg - _____ # of Floors, _____ Floor Plate SizeWould any expansion areas be available in the future? ☐ Yes Size: _____ ☐ No

QUALITY OF LEASED SPACE (OFFICE AREA): Carpet weight: _____ Exterior Walls: _____ Window coverings: _____

Exterior windows _____ Interior windows _____

Class of Bldg: _____

(Overall quality of facility, i.e. "Class A", "Class B", "Class C", as commonly used in the real estate industry. Attach photos and property brochure as supplemental information.)

Type of HVAC System: _____

ADA ACCESSIBILITY: Offeror agrees to meet or exceed the handicapped accessibility requirements by ADA, including the interior of the facility and all site improvements. ☐ Yes ☐ No If no, explain why: _____

QUALITY OF LEASED SPACE (WAREHOUSE AREA): Clear ceiling height: _____' Power: _____

Overhead doors: Ground level: # _____ Size: _____x_____x_____x_____x_____x_____

4' high: # _____ Size: _____x_____x_____x_____x_____x_____

Load Levelers: ☐ Yes ☐ No Covered Loading Area: ☐ Yes ☐ No

Type of Heating & Ventilation Systems: _____

Sprinklers: ☐ Yes ☐ No If yes, type: _____

Other features: _____

ENERGY: The Portfolio Manager Program through the EPA website at www.energystar.gov/istar/pmpam/ allows you to develop an energy performance rating for a property on a scale of 1 to 100. Please note your calculated Energy Star rating: _____

If this is new construction, note the design rating instead.

PROPERTY AMENITIES: _____

(Attach photos and property brochure as supplemental information).

SERVICES INCLUDED IN LEASE:Utilities: ☐ Water ☐ Sewer ☐ Geothermal ☐ Trash Service ☐ Other _____☐ Snow Removal ☐ Landscape Maintenance ☐ Security Patrol/Service Facility Maintenance & Repair: ☐ Interior ☐ Exterior☐ Light bulb and fluorescent tube replacement within leased premises ☐ Window cleaning

OF PARKING SPACES: Employee _____ Client _____ ADA _____ Fenced (state vehicles or yard storage) _____

Parking is ☐ Off-street ☐ On-street ☐ Paved ☐ Gravel ☐ Other _____Yard area is ☐ Paved ☐ Gravel ☐ Fenced – specify height & type of fence: _____Would there be any cost for parking or yard area? ☐ Yes If yes, Cost: \$ _____ ☐ NoSITE: Current Zoning _____ Proposed Zoning _____ Is a design review required ☐ Yes ☐ NoWill current zoning designation present any timing issues: ☐ Yes ☐ NoAre public utilities available to the site? ☐ Yes ☐ No If no, detail potential issues and proposed resolution: _____Has a Phase One Report been completed? ☐ Yes ☐ NoAny known environmental issues? ☐ Yes If yes, issues and proposed resolution: _____
☐ NoAny anticipated land development issues: ☐ Yes If yes, detail potential issues and proposed resolution: _____
☐ NoIs there exterior lighting in the parking/loading areas? ☐ Yes ☐ No

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ARCHITECT: _____ (Must be licensed in Idaho) _____ _____ _____ ENGINEER: _____ (Must be licensed in Idaho) _____ _____ _____ PROPERTY MANAGEMENT: _____ <input type="checkbox"/> On-site _____ <input type="checkbox"/> Off-site _____ _____ _____ _____ _____	(Company) (Contact Person) (Credentials) (Street Address) (City, State, ZIP) (Phone/Fax/Email) (Company) (Contact Person) (Credentials) (Street Address) (City, State, ZIP) (Phone/Fax/Email) (Company) (Contact Person) (Credentials) (Street Address) (City, State, ZIP) (Phone/Fax/Email)
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PURCHASE OPTION: The State may seek to acquire facilities to meet its long-term facility needs. Offeror would provide a purchase option for this facility: ☒ Yes ☐ No

Purchase Price	Lease Year	Comments and Terms of Purchase

20-YEAR LEASE: The State may seek to acquire facilities to meet its long-term facility needs through a 20-year lease/purchase program. Offeror would agree to a twenty (20) year lease with title going to the State at the end of the 20-year term upon authorization by the Legislature pursuant to Idaho Code §67-5708: ☐ Yes ☐ No

Lease Year	Yearly Rental	Comments/Other Information

CERTIFICATIONS

1. I hereby certify that I am authorized to act on behalf of the firm, individual, partnership, corporation or association making this proposal and that all statements made in this document are true and correct to the best of my knowledge. I agree to hold this offer open for a period of ninety (90) days from the deadline for receipt of proposals unless the property is leased to another party; or, if I am selected as the Top-Ranked Offeror, for such further period as is necessary for obtaining Lease signature and approval. If the proposed property is leased to another party, I agree to immediately notify the Division of Public Works in writing so the property may be removed from consideration.
2. It is the objective of the Division of Public Works to obtain the highest quality space at a competitive market rate. Unless otherwise noted, all terms listed in the proposal shall be subject to negotiation between the Offeror and the committee. No understanding, whether oral or written, whether made prior to or contemporaneously with the lease negotiations, shall serve to enlarge, modify, limit or otherwise affect the terms and conditions as ultimately detailed in the executed Lease Agreement.
3. I understand and agree to be bound by the conditions contained in the Request for Proposals and shall conform with all requirements of the Request for Proposals.

Offeror Signature _____ Offeror Name _____ (Please Print)

Title: _____ Date: _____

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