

LEASE PROPOSAL FORM

LEASE PROPOSAL FOR: _____

LOCATION: _____ PROPOSED OCCUPANCY DATE: _____

THE OFFEROR

PROPOSAL SUBMITTED BY _____ (Company)
_____ (Contact Person)
_____ (Street Address)
_____ (City, State, ZIP)
_____ (Phone/Fax/Email)

CREDIT REFERENCES (Please provide three 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

LEASE PROPOSAL FOR: _____
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COST OF THE FACILITY

RENT SCHEDULE: Please fill in the blanks below with each years' rent. The RFP requests a full-service lease. If any expenses such as utilities or janitorial service are not included in the rent, please note on the line below the rent schedule.

Initial Lease Term	Annual Rent	Rent per Sq Ft per Year*	Option Period	Annual Rent	Rent per Sq Ft per Year*
Year 1	\$	\$	Year 6	\$	\$
Year 2	\$	\$	Year 7	\$	\$
Year 3	\$	\$	Year 8	\$	\$
Year 4	\$	\$	Year 9	\$	\$
Year 5	\$	\$	Year 10	\$	\$
Years 1-5	\$	\$	Years 6-10	\$	\$

ITEMS NOT INCLUDED IN RENT: _____

RENT ESCALATION PROVISIONS: The State prefers a flat lease rate during the Initial Lease Term. Proposals without escalations will be given the highest points. All others will be prorated according to the perceived degree of cost exposure to the State.

CONSUMER PRICE INDEX				FIXED INCREASE			BASE YR EXPENSE STOP						
BASE YR:				%: \$/Sq Ft*:			Base \$/Sq Ft*						
Initial Lease Term	Yes	No	% Cap	Initial Lease Term	Yes	No	Initial Lease Term	Taxes	Insur	Util	Janit	Common Area Maint	% Cap
Year 1			%	Year 1			Year 1						
Year 2			%	Year 2			Year 2						
Year 3			%	Year 3			Year 3						
Year 4			%	Year 4			Year 4						
Year 5			%	Year 5			Year 5						

DIRECT PASS-THROUGH OF BUILDING EXPENSES

% of BLDG AREA:

\$/Sq Ft*						
Initial Lease Term	Taxes	Insur	Util	Janit	Common Area Maint	NNN Lease
Year 1						
Year 2						
Year 3						
Year 4						
Year 5						

DETAIL OF COMMON AREA MAINTENANCE EXPENSE (i.e., what would be charged as Common Area Maintenance)

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*Rent & Costs per Sq Ft to be based upon Net Rentable Area, as established by the BOMA method for measuring floor space.

LEASE PROPOSAL FOR: _____

LOCATION: _____ PROPOSED OCCUPANCY DATE: _____

COST OF THE FACILITY (CON'T)

TENANT FINISH ALLOWANCE: The State prefers the facility be finished according to the desired needs and specifications of the agency. Since we do not wish to expose the agencies to any unanticipated financial outlay, we require that all potential tenant finish costs be disclosed. Please provide these costs on a per square foot basis. Proposals with the highest tenant finish allowance will be given the highest points. All others will be prorated 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.

Allowance for Tenant Finish: \$ _____

Based upon: Net Rentable Area _____ Usable Area _____ Other: _____ Please detail: _____

Does the Tenant Finish Allowance includes space planning cost and architectural fees? If so, how much is estimated towards these costs? \$ _____.

Do you anticipate that the agency's stated needs will exceed the Tenant Finish Allowance as noted above? _____(Yes)
_____ (No) If yes, Cost: \$ _____.

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

PHONE/DATA WIRING ALLOWANCE: The State prefers the data and phone wiring be performed by the Lessor to minimize disruptions to the Agency and damages to the facility. We realize it may be difficult to accurately determine the cost of these items until more specific plans and specifications can be agreed to between the parties. We, therefore, request that the Offeror provide an allowance towards this anticipated Lessor expense.

Allowance for Data/Phone Installation: \$ _____

Based upon: Net Rentable Area _____ Usable Area _____ Other: _____ Please detail: _____

LESSOR INCENTIVES TO LEASE SPACE: The State can potentially provide a Lessor with a long-term tenancy and the security of a viable tenant. As such, please detail any financial incentives you would be willing to offer to offset the agency's moving expense and financial exposure:

Rent Discount For Annual Prepayment Of The Lease: _____%. (Rent will be prorated based upon the State's fiscal year, which begins in July of each year).

Moving Expense Reimbursement: \$ _____. The «Agency1» anticipates its moving expense will be «Moving_expenses».

Additional Services: _____
_____. (Several examples would be enhanced building maintenance, additional services, provision of additional amenities which the Offeror feels will enhance the proposal beyond what is requested.)

Other Incentives: _____

(Several examples would be free rent for a stated period of time, no escalations in rent for a stated period of time, allowance toward office furniture, additional tenant finish allowance, first right of refusal on adjacent space, etc.)

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LEASE PROPOSAL FORM Page Four

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THE FACILITY

SQ FT: _____(Usable) _____(Net Rentable) _____(Gross) Load Factor: _____%

Please attach a floor plan to this Lease Proposal which will indicate how the Proposed Facility will fit within the configuration of the building. 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.

DESCRIPTION OF FACILITY: _____(Date of Construction)
_____(New Construction) _____(To Be Built) _____(To Be Renovated) _____(As Is)
_____(Single User Facility) _____(Multi-tenanted Bldg.)
_____(Single-Story Bldg) _____(Multi-storied Bldg - _____# of Floors - _____Floor Plate Size
Would any expansion areas be available to the State in the future? _____(Sq Ft) _____(No)

QUALITY OF LEASED SPACE:

Carpet weight: _____ Windows: _____Single glazed _____Double glazed _____
Window coverings: _____(Exterior windows) _____(Interior windows)

Class of Bldg: _____
(Please detail overall quality of the leased space, by "Class A", "Class B", Class C" type space classifications as commonly used in the real estate industry. Photos and a property brochure may be attached to this proposal as supplemental information.)

Type of HVAC System: _____
Offeror agrees to meet or exceed the handicapped accessibility requirements by ADA, including the interior of the facility and all site improvements. _____(Yes) _____(No) Exceptions, if any _____

PROPERTY AMENITIES: _____

(Amenities available at the facility, such as on-site conference room, breakroom, fitness facility, library, on-site storage. Photos and a property brochure may be attached to this proposal as supplemental information.)

PROFESSIONAL STAFF:

ARCHITECT: _____(Company)
(must be licensed in _____(Contact Person)
the State of Idaho) _____(Credentials)
_____ (Street Address)

_____ (City, State, ZIP)
_____ (Phone/Fax/Email)

ENGINEER: _____(Company)
(must be licensed in _____(Contact Person)
the State of Idaho) _____(Credentials)
_____ (Street Address)

_____ (City, State, ZIP)
_____ (Phone/Fax/Email)

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LEASE PROPOSAL FOR: _____

LOCATION: _____ PROPOSED OCCUPANCY DATE: _____

THE FACILITY (CON'T)

SPACE PLANNER: _____ (Company)
 (must be licensed in _____ (Contact Person)
 the State of Idaho) _____ (Credentials)
 _____ (Street Address)
 _____ (City, State, ZIP)
 _____ (Phone/Fax/Email)

PROPERTY MANAGEMENT: _____ (On-site) _____ (Off-site, located @ _____
 _____ (Company)
 _____ (Contact Person)
 _____ (Credentials)
 _____ (Street Address)
 _____ (City, State, ZIP)
 _____ (Phone/Fax/Email)

SERVICES INCLUDED IN LEASE:

Utilities: _____ Electricity _____ Gas _____ Water _____ Sewer _____ Other(_____)
 _____ Janitorial Service, with a frequency of _____ times per week.
 _____ Snow Removal _____ Landscape Maintenance _____ Security _____ Patrol/Service
 _____ Facility Maintenance and Repair

PARKING:

_____ (# of Employee Spaces) _____ (# of Client Spaces) _____ (# of ADA Spaces)
 Parking is _____ (Off-street) _____ (On street) _____ (Paved) _____ (Gravel)
 Would a secured or fenced parking area be available for State vehicles? _____ (# of Spaces) _____ (No)
 Would there be any cost for the use of this parking? _____ (Yes) _____ (No) If yes, Cost: \$ _____

SITE:

_____ (Current Zoning) _____ (Proposed Zoning) Is a design review required? ____ (Yes) ____ (No)
 Will the current zoning designation present any timing issues: _____
 Are public utilities available to the site? _____ (Yes) ____ (No). If no, detail potential issues and proposed resolution:

 Has a Phase One Report been completed? _____ (Yes) ____ (No) Are there any known environmental issues?
 _____ (Yes) ____ (No). If yes, detail potential issues and proposed resolution: _____
 Are there any anticipated land development issues: _____ (Yes) ____ (No) If yes, detail potential issues and
 proposed resolution: _____

Is exterior lighting in the parking/loading areas planned for the site (or already in place)? ____ (Yes) ____ (No)

LEASE/PURCHASE OPTION

In some cases, the State may be seeking to acquire facilities to meet its long-term facility needs.

The Offeror would provide a lease/purchase option for this facility: _____ (Yes) _____ (No)

Proposed Purchase Price	Year of the Lease	Comments and Terms of Purchase

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LOCATION OF THE FACILITY

LOCATION OF THE FACILITY: _____ (Street Address)
_____ (City, State, 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 TO THE STATE: _____

(Please provide brief narrative detailing amenities available and other benefits to this location, etc. A copy of the property brochure may be attached to this proposal as additional 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. 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 Proposal and shall conform with all requirements of the Request for Proposal.

Offeror Signature _____ Name: _____
(Please Print)

Title: _____ Date: _____

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