

LEASE PROPOSAL FORM – Page One

Lease Proposal for State Liquor Division Proposed Occupancy Date: _____ Street Address: _____

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.)

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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	\$	\$
Yrs 1-5	\$	\$	Yrs 6-10	\$	\$

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.

CONSUMER PRICE INDEX BASE YR: _____				FIXED INCR: %: _____ or \$/Sq Ft: \$ _____			BASE YR (OR BASE COST) EXPENSE STOP						
Initial Lse	Yes	No	% Cap	Initial Lse	Yes	No	Cost/ Sq Ft	Taxes	Insur	Util	Janit	Common Area	% Cap
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 (I.E., if you are quoting a NNN Lease)							PLEASE PROVIDE ANY FURTHER DETAIL NEEDED TO CLARIFY THIS SECTION:
Initial Lse	Taxes	Insur	Util	Janit	Common Area	NNN Lse	
Yr 1	\$	\$	\$	\$	\$	\$	
Yr 2	\$	\$	\$	\$	\$	\$	
Yr 3	\$	\$	\$	\$	\$	\$	
Yr 4	\$	\$	\$	\$	\$	\$	
Yr 5	\$	\$	\$	\$	\$	\$	

TENANT FINISH: A turnkey finish will be given the highest points. All others will be rated according to the perceived degree of cost exposure. To control costs, any changes to plans after they are approved must be in writing and must include a cost estimate.
 Tenant Finish Allowance: Turnkey \$ _____ /sq ft, based on: Net Rentable Area Usable Area Other: _____
 Does the Tenant Finish Allowance include space planning cost and architectural fees? Yes If Yes, what is the estimate for these costs?: \$ _____ /sq ft. 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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PHONE/DATA WIRING ALLOWANCE: The State prefers the data and telephone wiring be performed by the Lessor to minimize disruptions 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 any incentives:
Rent Discount for Annual Prepayment of the Lease: _____%. The state can prepay its rent annually in advance but must have a prepayment discount in order to do so.

Moving Expense Reimbursement: \$ _____. Agency moving expense estimates are noted on page two of the RFP.

Sign Allowance: \$ _____

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 shelving, additional tenant finish allowance, first right of refusal on adjacent space, etc.)

SQ FT: _____(Usable) _____(Net Rentable) _____(Gross)

RETAIL STORE WIDTH: _____ FRONT WINDOW AREA (LINEAR FEET): _____

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. RFP MUST INCLUDE PLANNED DIMENSIONS OF THE STORE, SHOWING WIDTH AND LENGTH OF PROPOSED LOCATION.

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 OTHER RETAIL STORES WITHIN 1 MILE RADIUS: _____

DEMOGRAPHICS: Population within 1mile: _____, 3 miles: _____, 5 miles: _____

Household Income within 1mile: _____, 3 miles: _____, 5 miles: _____

Traffic Counts: _____

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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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

Would any expansion areas be available in the future? Yes Size: _____ No

QUALITY OF LEASED SPACE: Carpet weight: ___ Window coverings: Yes: No:

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: _____

ENERGY/ENVIRONMENTAL: The Portfolio Manager program through the US EPA's website at <https://energystar.gov/istar/pmpam/> provides an energy performance rating 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: _____

(Examples: on-site storage Attach photos and property brochure as supplemental information).

PROFESSIONAL STAFF:

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

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SERVICES INCLUDED IN LEASE:

Utilities: Electricity Gas Water Sewer Geothermal Other _____

Snow Removal Landscape Maintenance Security Patrol/Service Facility Maintenance & Repair

OF PARKING SPACES: Employee _____ Client _____ ADA _____ Parking is Off-street On-street Paved Other _____

Would there be any cost for parking? Yes If yes, Cost: \$ _____ No

SITE: Current Zoning _____ Proposed Zoning _____ Is a design review required Yes No

Will current zoning designation present any timing issues: Yes No Are there any nearby schools? Yes No If yes, detail exact addresses of any within 300 feet from the proposed location: _____

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

Any known environmental issues? Yes If yes, issues and proposed resolution: _____
 No

Any anticipated land development issues: Yes If yes, detail potential issues and proposed resolution: _____
 No

Please note status of any proposed interchanges servicing the site: _____

Is there exterior lighting in the parking/loading areas? Yes No

f.

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

g.

CERTIFICATIONS

- 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.
- 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.
- 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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