

**STATE OF IDAHO
REQUEST FOR LEASE PROPOSAL RESPONSE FORM**

Proposed Location

Location: _____
Street Address: _____
City, State, ZIP: _____
Proposed Occupancy Date: _____

The Offeror**Entity Offering Proposal:**

Company: _____
Contact Person: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____
E-mail: _____

Proposal Completed By (if other than Entity):

Company: _____
Contact Person: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____
E-mail: _____

Bank Reference:

Company: _____
Contact Person: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____
E-mail: _____

Trade Reference:

Company: _____
Contact Person: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____
E-mail: _____

Tenant Reference:

Company: _____
Contact Person: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____
E-mail: _____

Qualifications

Please provide a brief narrative detailing size and nature of items noted below. A copy of your company's professional brochure may be attached to this proposal as additional information.

Commercial Development Reference:

Commercial Property Management Experience:

The Facility

Sq. Ft.: Usable: _____ Net Rentable: _____ Gross: _____ Load Factor: _____

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 a rough floor plan to provide the committee with a concept of the facility.

The Location:

Street Address: _____
City, State, ZIP: _____
Nearest Cross Street: _____

Adjacent Property Uses:

To the East: _____
To the West: _____
To the North: _____
To the South: _____

Proximity to bus routes (# of blocks) _____
Proximity to other retail stores (within 1-mile radius): _____

Description of the Facility:

New? _____ Or if existing: Age of Building: _____
To be renovated? _____ Or as is? _____
Single-tenant? _____ Or Multi-tenanted? _____
Single story? _____ Or Multi-storied? _____ If yes, number of floors? _____
Future expansions available? _____ If yes, Size: _____

Quality of Leased Space:

Carpet Weight: _____ Exterior Walls: _____ Window Coverings: _____

Exterior Windows: _____ Interior Windows: _____

Type of HVAC System: _____

Class of Building (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.) _____

ADA Accessibility:

Offeror agrees to meet or exceed the ADA requirements, including interior of the facility and all site improvements, yes or no? _____ If no, explain why. _____

Site and Exterior:

Current Zoning? _____

Are there any known environmental issues, Yes or No? _____ If yes, detail known issues and proposed resolution: _____

Is there exterior lighting in the parking/loading areas, Yes or No? _____ If no, detail known issues and proposed resolution: _____

Benefits of this Location:

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

Cost of the Facility

Rent and Costs per square foot are to be based on Net Rentable Area as established by BOMA.

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 in the following section. **Proposed term of Lease?** _____

Square Feet? _____

Lease Year	Annual Rent Amount	Rent /Sq. Ft. per Year
1	\$	\$
2	\$	\$
3	\$	\$
4	\$	\$
5	\$	\$
Total 1-5	\$	\$

Lease Year	Annual Rent Amount	Rent /Sq. Ft. per Year
6	\$	\$
7	\$	\$
8	\$	\$
9	\$	\$
10	\$	\$
Total 6-10	\$	\$

Is rent proposed escalation based on Consumer Price Index (CPI)? _____ If yes cap (in %)? _____

Items not included in rent: _____

Operating Expense and 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 the state, write "None" in each table. Due to budget approval processes, it is beneficial for the State to have caps on increases.

Estimated Pass Thru Expenses per Square Foot

Taxes	Insurance	Electric	Gas	Water	Sewer/trash	Other	Common

Is proposal a base year expense stop? _____ (If yes enter information per square foot.)

Base Year (Base Cost) Expense Stop

Taxes	Insurance	Electric	Gas	Water	Sewer/trash	Other	Common

Provide any further detail needed to clarify this section:

Services Included in Lease**Utilities and Services (yes or no):**

Electricity _____ Gas _____ Water _____ Sewer _____ Geothermal _____
 Other: _____ Snow Removal _____ Landscape Maintenance _____
 Security Patrol/Service: _____ Facility Maintenance/Repair _____

Parking:

Number of spaces for the following:

Employee: _____ Client: _____ ADA: _____ Fenced (state vehicles): _____

Parking is: Off-Street _____ On-Street _____ Paved _____ Gravel _____

Other: _____

Is there a cost for parking? _____ If yes, cost per stall per month? _____

Tenant Finish Allowance (TFA)

A turnkey finish will be given higher 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 include a cost estimate.

Is this a Turnkey proposal? _____ If yes, are there exclusions? _____

If not Turnkey, what is the proposed TFA? _____

If not lump sum, please explain square foot amount based on Net Rentable, Usable, or other. _____

Does the TFA include space planning and architectural fees? _____ If yes, estimate per sq. ft.: _____
Do you anticipate the agency's stated needs will exceed the finish allowance noted above? _____

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

Phone and Data Wiring Allowance:

The state prefers the data and telephone wiring be performed by 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: _____ If not lump sum, please explain sq. ft.
amount based on Net Rentable, Usable, or other: _____

Are DS3 fiber optics available to the building? _____

If no, please explain data connectivity. _____

Lessor Incentives and other Allowances:

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 anticipates its moving expense will be \$20,000.

Additional Services or Other Incentives (e.g., enhanced building maintenance, security, additional services or amenities, free rent, no escalations for a certain period, allowance toward shelving, additional tenant finish allowance, first right of refusal on adjacent space, etc.): _____

Professional Staff (must be licensed in Idaho)**Architect:**

Company: _____
Contact Person: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____
E-mail: _____

Engineer:

Company: _____
Contact Person: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____

E-mail: _____

Space Planner:

Company: _____
Contact Person: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____
E-mail: _____

Property Management:

Company: _____
Contact Person: _____
Street Address: _____
City, State, ZIP: _____
Phone: _____
E-mail: _____

Purchase Option**Purchase Option (yes or no):**

The State may seek to acquire facilities to meet its long-term facility needs. Would Offeror provide a purchase option for this facility _____ Yes or No?

Twenty Year Lease:

The State may seek to acquire facilities to meet its long-term facility needs through a Twenty-Year lease/purchase program. Would Offeror 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 or No?

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 Name: _____

Title: _____

Date: _____

Offeror Signature: _____