

**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:**


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**Commercial Property Management Experience:**


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**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:

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#### 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? \_\_\_\_\_

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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: \_\_\_\_\_