

PROPOSAL TO LEASE SPACE
(For use with Warehouse Request for Lease Proposals)

In Response to
Request for Lease
Proposals (RLP)
Number →

XXXXXXX

DATED

MM-DD-YYYY

SECTION I - DESCRIPTION OF PREMISES

1. BUILDING DESCRIPTION	a. Building Name		b. Building Street Address		
c. City		d. State	e. 9-Digit ZIP Code		f. Congressional District
2a. FLOORS OFFERED	2b. TOTAL NUMBER OF FLOORS IN BUILDING	3. TOTAL RENTABLE SPACE IN OFFERED BUILDING			
		a. GENERAL PURPOSE (Office) _____ SF.	b. WAREHOUSE _____ SF	c. OTHER _____ SF	
4. LIVE FLOOR LOAD _____ Pounds per SF	5. MEASUREMENT METHOD <input type="checkbox"/> ANSI/BOMA <input type="checkbox"/> OTHER	6. YEAR OF LAST MAJOR RENOVATION (if applicable) _____	7. BUILDING AGE _____	8. SITE SIZE _____ SF _____ Acres	
9. CLEAR CEILING HT: _____ FT _____ INCHES	10. # OF LOADING DOCKS (exclusive to offered space): _____	11. TYPES OF LOADING DOCKS (exclusive to offered space): # DRIVE-THRUS: _____ # DOCK-HT: _____	12. EXISTING HEIGHT OF DOCK-HIGH LOADING DOCKS (exclusive to offered space): _____ _____ _____ _____	13. # OF DOCK LEVELS AND OPERATING GRADE (exclusive to offered space): _____ _____ _____ _____	
14. BAY WIDTH (offered space): _____ FT _____ INCHES	15. BAY DEPTH (offered space): _____ FT _____ INCHES	16. COLUMN SPACING (offered space): _____ FT _____ INCHES	17. MAXIMUM TRUCK TURNING RADIUS: _____ _____ _____ _____	18. # OF VOLTS & # OF PHASE ELECTRIC: _____ _____ _____ _____	
19. WAREYARD SIZE: _____ X _____ (Total SF: _____)	20. TRUCK APRON SIZE: _____	21. TRUCK COURT DEPTH: _____	(BLANK)	(BLANK)	

SECTION II - SPACE OFFERED AND RATES

22. ANSI/BOMA OFFICE AREA SQUARE FEET (ABOA) _____	23. RENTABLE SQUARE FEET (RSF) _____	24. COMMON AREA FACTOR (CAF) _____
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"Tenant Improvements" are all alterations for the Government-demised area above the building shell buildout, excluding costs identified as tenant improvements in the Security Unit Price List. Building Specific Amortized Capital (BSAC) is the sum of costs identified as such in the Security Unit Price List. Neither the Tenant Improvements as stated in Block 25, nor the BSAC as stated in Block 26, are to be included in the shell rent. It is expected that the tenant buildout will be fully amortized at the end of the firm term, and the rent will be reduced accordingly. Any desired rent increases or decreases beyond the firm term of the lease should be reflected in the shell rate and fully explained as part of this written proposal. If Tenant Improvements or BSAC improvements are to be amortized beyond the firm term, those calculations must be itemized as part of this written proposal. The Offeror may attach additional pages as necessary.

					Number of years each cost per square foot is in effect. State any changes for any rent component.	
	a. BUILD-OUT COSTS PER CATEGORY	b. AMORTIZATION TERM	c. AMORTIZATION INTEREST RATE (%)	d. ANNUAL RENT \$ PER RSF	e. ANNUAL RENT \$ PER ABOA SF	f. NUMBER YEARS RATE IS EFFECTIVE
25. TENANT IMPROVEMENTS (per RLP requirements)	\$ _____	_____	_____	\$ _____	\$ _____	_____
26. BSAC (per RLP requirements detailed on Security Unit Price List)	\$ _____	_____	_____	\$ _____	\$ _____	_____
27. SHELL BUILD-OUT (per RLP requirements)	\$ _____	_____	_____	\$ _____	\$ _____	_____
28. TOTAL BUILD-OUT COSTS	\$ _____	_____	_____	\$ _____	\$ _____	_____
29. SHELL RENT (Including current real estate taxes. Refer to Line 28 on GSA Form 1217)	\$ _____	_____	_____	\$ _____	\$ _____	_____
30. OPERATING COSTS (Refer to Line 27 on GSA Form 1217)	\$ _____	_____	_____	\$ _____	\$ _____	_____
31. TOTAL RATE/SF	\$ _____	_____	_____	\$ _____	\$ _____	_____
32. TOTAL ANNUAL RENT	\$ _____	_____	_____	\$ _____	\$ _____	_____
	PER SF RATE	FOR YEARS	PER SF RATE	FOR YEARS	PER SF RATE	FOR YEARS
STEP RENT (SHELL RATES)	\$ _____/RSF \$ _____/ABOA	_____ Thru _____	\$ _____/RSF \$ _____/ABOA	_____ Thru _____	\$ _____/RSF \$ _____/ABOA	_____ Thru _____

33. PARKING	<p>a. Number of total on-site parking spaces for the entire building/ facility, which are under the control of the Offeror: _____ Surface _____ Structured</p> <p>b. Number of auto parking spaces required by local code: _____ Surface _____ Structured</p> <p>c. Number of truck/trailer parking spaces required by local code: _____ Surface _____ Structured</p> <p>d. Number of auto parking spaces for Employee/Visitor Use (per RLP): _____ Surface _____ Structured</p> <p>e. Number of parking spaces (auto & truck) for Official Government Vehicles (per RLP): _____ Surface _____ Structured</p> <p>f. Does the rental rate offered above include RLP-required parking costs? YES <input type="checkbox"/> NO <input type="checkbox"/> If NO, complete the following: Annual cost per auto space: \$ _____ Surface \$ _____ Structured Annual cost per truck/trailer space: \$ _____</p>
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SECTION III - LEASE TERMS AND CONDITIONS

34. INITIAL LEASE TERM <i>(Full Term)</i>		35. RENEWAL OPTIONS		
a. Number of Years	b. Years Firm			
36. OFFER GOOD UNTIL AWARD				
38. COMMISSIONS <i>(if applicable)</i> , ATTACH COMMISSION AGREEMENT				
a. Tenant Representative Commission: _____ %	b. Owner's Representative Commission: _____ %	c. Schedule of Commission payments: _____ % at lease award and _____ % at lease occupancy		
39. OFFEROR'S TENANT IMPROVEMENT FEE SCHEDULE a. Architectural/Engineering fees will be (choose one): <input type="checkbox"/> 1. \$ _____ per ABOA SF <input type="checkbox"/> 2. _____ % of Total TI construction costs(<input type="checkbox"/> 3. \$ _____ flat fee b. Lessor's Project Management fees will be _____ percent of Total TI construction costs c. If other fees are applicable, state as per ABOA square foot, or if using a percentage, the basis for determining the fee. The Government will add the cost of the proposed fees to the net present value of the offered rental rate as described in the RLP's Present Value Price Evaluation paragraph. This schedule will be applicable for Tenant Improvements.		40. ADDITIONAL FINANCIAL ASPECTS OF THE LEASE Adjustment for Vacant Premises: \$ _____ per ABOA SF Utilities in Offered Space (By Lessor or Lessee?): _____ Janitorial in Offered Space (Lessor or Lessee?): _____ Trash Removal in Offered Space (Lessor or Lessee?): _____ HVAC Overtime Rate (n/a if net of utilities): \$ _____ per hour per <input type="checkbox"/> zone <input type="checkbox"/> floor <input type="checkbox"/> space (choose one) For rates based on a "per zone" basis, provide the following: Number of zones in offered Space: _____ Areas requiring 24 hour HVAC (LAN, etc.) \$ _____ per ABOA SF* <i>*Only applies when the Lessor provides utilities and the Government requires separate reimbursement for 24 hour HVAC as described under Section 1 of the Lease. Otherwise, include this cost in the operating rent, as described under Section 6 of the Lease.</i> Building's Normal Hours of HVAC Operation (indicate n/a if the lease is to be net of utilities) : Monday - Friday _____ AM to _____ PM; Saturday _____ AM to _____ PM; Sunday _____ AM to _____ PM Percent of Government Occupancy: _____ % Current Year Taxes: \$ _____ Based on fully assessed value? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the offered space part of multiple tax bills? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide tax ID numbers and SF for each. Attach the legal description of the offered property. If a site is offered, state the total land costs: \$ _____		
41. LIST OF ATTACHMENTS SUBMITTED WITH THIS OFFER <i>(See RLP requirements)</i> XXXXX				
42. ADDITIONAL REMARKS OR CONDITIONS WITH RESPECT TO THIS OFFER XXXXX				

SECTION IV - OWNER IDENTIFICATION AND CERTIFICATION

43. RECORDED OWNER				
a. Name	b. Address	c. City	d. State	e. ZIP + 4
44. BY SUBMITTING THIS OFFER, THE OFFEROR AGREES UPON ACCEPTANCE OF THIS PROPOSAL BY HEREIN SPECIFIED DATE, TO LEASE TO THE UNITED STATES OF AMERICA, THE PREMISES DESCRIBED, UPON THE TERMS AND CONDITIONS AS SPECIFIED HEREIN, IN FULL COMPLIANCE WITH AND ACCEPTANCE OF THE AFOREMENTIONED RLP, WITH ATTACHMENTS. <input type="checkbox"/> I have read the RLP with attachments in its entirety and am requesting no deviations.				
45. Offeror's Interest in Property <input type="checkbox"/> Owner <input type="checkbox"/> Agent <input type="checkbox"/> Other _____				
46. OFFEROR <input type="checkbox"/> Check if same as Recorded Owner				
a. Name	b. Address	c. City	d. State	e. ZIP + 4
f. Title	g. E-Mail Address		h. Telephone Number	
i. Offeror's Signature			j. Date Signed MM-DD-YYYY	

LEASE PROPOSAL DATA	In Response to Request for Lease Proposals (RLP) Number	DATE:
1	Offeror's Interest in the Property: <input type="checkbox"/> Fee owner <input type="checkbox"/> Other: Attach evidence of Offeror's interest in property (e.g., deed) and representative's authority to bind Offeror.	
2	Flood Plains: The Property is <input type="checkbox"/> in a base (100-year) flood plain <input type="checkbox"/> in a 500-year flood plain <input type="checkbox"/> not in a flood plain. <i>(See RLP Section 2, Flood Plains.)</i>	
3	Seismic Safety: The Building <input type="checkbox"/> RLP does not contain seismic requirements. No documentation required. <input type="checkbox"/> RLP contains seismic requirements. The Building <ul style="list-style-type: none"> <input type="checkbox"/> Fully meets seismic requirements or meets an exemption under the RLP <input type="checkbox"/> Does not meet seismic requirements, but will be retrofitted to meet seismic requirements <input type="checkbox"/> Will be constructed to meet seismic requirements <input type="checkbox"/> Will not meet seismic requirements <i>(See RLP Section 2, Seismic Safety.) Attach appropriate documentation.</i>	
4	Historic Preference: The Building is a <input type="checkbox"/> Historic property within a historic district. <input type="checkbox"/> Non-historic developed site or non-historic undeveloped site property within a historic district. <input type="checkbox"/> Historic property outside of a historic district. <input type="checkbox"/> None of the above. <i>(See RLP Section 2, Historic Preference.) Attach appropriate documentation.</i>	
5	Asbestos-Containing Material (ACM): The Property <input type="checkbox"/> Contains no ACM, or contains ACM in a stable, solid matrix that is not damaged or subject to damage. <input type="checkbox"/> Contains ACM not in a stable, solid matrix. <i>(See RLP Section 2, Asbestos)</i>	
6	Fire/Life Safety: The Property <input type="checkbox"/> Meets <input type="checkbox"/> Does not meet Lease fire/life safety standards. <i>(See RLP Section 2 Fire Protection and Life Safety.)</i>	
7	Accessibility: The Property <input type="checkbox"/> Meets <input type="checkbox"/> Does not meet Lease accessibility standards. <i>(See RLP Section 2, Accessibility.)</i>	
8	ENERGY STAR®: The Building <input type="checkbox"/> Has received the ENERGY STAR® Label within the past twelve months. Date (MM-DD-YYYY): _____ <input type="checkbox"/> Has not received the ENERGY STAR® Label within the past twelve months; the Offeror has evaluated energy savings measures and: <ul style="list-style-type: none"> <input type="checkbox"/> Determined that none are cost effective. <input type="checkbox"/> Determined that the following are cost effective (Attach additional pages): <i>(See RLP Section 2, Energy Independence and Security Act.)</i>	
9	Waiver of Price Evaluation Preference. A HUBZone small business concern (SBC) Offeror may elect to waive the price evaluation preference provided in Section 4 of the RLP. In such a case, no price evaluation preference shall apply to the evaluation of the HUBZone SBC, and the performance of work requirements set forth in Section 1 of the Lease shall not be applicable to a lease awarded to the HUBZone SBC Offeror under this solicitation. A HUBZone SBC desiring to waive the price evaluation preference should so indicate below. <input type="checkbox"/> I am a HUBZone SBC Offeror and I elect to waive the price evaluation preference. <i>(See RLP and Lease documents for more information)</i>	