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| PROPOSAL TO LEASE SPACE | | In Response to Request for Lease Proposals (RLP) Number→ | | XXXXXX | | DATED | | MM-DD-YYYY | | | | | |
| SECTION I - DESCRIPTION OF PREMISES | | | | | | | | | | | | | |
| 1. BUILDING DESCRIPTION | | a. Building Name XXXXX | | | b. Building Street Address XXXXX | | | | | | | | |
| c. City XXXXX | | | d. State XX | | e. 9-Digit ZIP Code XXXXX-XXXX | | | 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 | | | | | |
| SECTION II - SPACE OFFERED AND RATES | | | | | | | | | | | | | |
| 9. ANSI/BOMA OFFICE AREA SQUARE FEET (ABOA) _____ | | | 10. RENTABLE SQUARE FEET (RSF) _____ | | | 11. COMMON AREA FACTOR (CAF) _____ | | | | | | | |
| <p>"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 12, nor the BSAC as stated in Block 13, 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.</p> | | | | | | | | | | | | | |
| | | | | | | | | 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 | |
| 12. TENANT IMPROVEMENTS (per RLP requirements) | | \$ _____ | | _____ | | _____ | | \$ _____ | | \$ _____ | | _____ | |
| 13. BSAC (per RLP requirements) | | \$ _____ | | _____ | | _____ | | \$ _____ | | \$ _____ | | _____ | |
| 14. SHELL BUILD-OUT (per RLP requirements) | | \$ _____ | | | | | | | | | | | |
| 15. TOTAL BUILD-OUT COSTS | | \$ _____ | | | | | | | | | | | |
| 16. SHELL RENT (Including real estate taxes. Refer to Line 28 on GSA Form 1217) | | | | | | | | \$ _____ | | \$ _____ | | _____ | |
| 17. OPERATING COSTS (Refer to Line 27 on GSA Form 1217) | | | | | | | | \$ _____ | | \$ _____ | | | |
| 18. TOTAL RATE/SF | | | | | | | | \$ _____ | | \$ _____ | | _____ | |
| 19. TOTAL ANNUAL RENT | | | | | | | | \$ _____ | | | | | |
| | | PER SF RATE | | FOR YEARS | | PER SF RATE | | FOR YEARS | | PER SF RATE | | FOR YEARS | |
| 20. STEP RENT (SHELL RATES) | | \$ _____/RSF \$ _____/ABOA | | _____ Thru _____ | | \$ _____/RSF \$ _____/ABOA | | _____ Thru _____ | | \$ _____/RSF \$ _____/ABOA | | _____ Thru _____ | |
| 21. PARKING | | a. Number of parking spaces for the entire building/ facility which are under the control of the Offeror: _____ Surface _____ Structured b. Number of parking spaces required by local code: _____ Surface _____ Structured c. Number of parking spaces for Employee/Visitor Use (per RLP): _____ Surface _____ Structured d. Number of parking spaces for Official Government Vehicles (per RLP): _____ Surface _____ Structured e. 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 space: \$ _____ Surface \$ _____ Structured | | | | | | | | | | | |

SECTION III - LEASE TERMS AND CONDITIONS**22. INITIAL LEASE TERM**
(Full Term)

a. Number of Years

XXX

b. Years Firm

XXX

c. Number of Days
Notice for Government to
Terminate Lease

XXX

23. RENEWAL OPTIONSa. Shell Rate /
RSF / Yr

\$ _____

b. Years
Each

XXX

c. Number of
Options

XXX

d. Number of Days Notice
to Exercise Option:

XXX

24. OFFER GOOD UNTIL AWARD

25. Space will be altered and delivered in accordance with the Government's specifications and requirements in accordance with the Request for Lease Proposals (RLP) and the lease.

26. COMMISSIONS (If applicable), ATTACH COMMISSION AGREEMENT

a. Tenant Representative Commission:

_____ %

b. Owner's Representative Commission:

_____ %

c. Schedule of Commission Payments:

_____ % at lease award and _____ % at lease occupancy

27. OFFEROR'S TENANT IMPROVEMENT FEE SCHEDULE*

*Block 27 fees only applicable for TI subject to post-award pricing.; N/A for turnkey pricing

a. Architectural/Engineering fees will be (choose one):

- ☐ 1. \$ _____ per ABOA SF
☐ 2. _____ % of Total TI construction costs
☐ 3. \$ _____ flat fee

b. Lessor's Project Management Fee 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 TI 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.

28. ADDITIONAL FINANCIAL ASPECTS OF THE LEASE

Adjustment for Vacant Premises: \$ _____ per ABOA SF

HVAC Overtime Rate: \$ _____ per hour per ☐ zone ☐ floor ☐ 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*

*Only applies when 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.

Building's Normal Hours of HVAC Operation:

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? ☐ Yes ☐ NoIs the offered space part of multiple tax bills or multiple buildings on a single tax parcel? ☐ Yes ☐ 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: \$ _____

29. FREE RENT INCLUDED IN OFFER

- ☐ 1. _____ months free rent (includes shell, operating, TI and BSAC rent)
☐ 2. Other rental concessions structured as follows _____
☐ 3. None

30. LIST OF ATTACHMENTS SUBMITTED WITH THIS OFFER (See RLP requirements)

XXXXX

31. ADDITIONAL REMARKS OR CONDITIONS WITH RESPECT TO THIS OFFER

XXXXX

SECTION IV - OWNER IDENTIFICATION AND CERTIFICATION**32. RECORDED OWNER**

a. Name

b. Address

c. City

d. State

e. ZIP +4

f. DUNS Number

33. 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.

☐ I have read the RLP with attachments in its entirety and am requesting no deviations.

34. Offeror's Interest in Property

☐ Owner ☐ Agent ☐ Other _____

35. OFFEROR ☐ 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 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> | |

PROPOSAL TO LEASE SPACE – RATE STRUCTURE
SPACE – NOT TO EXCEED 10,000 USABLE SUARE FEET

Rentable Area:_____square feet – Total

Usable Area:_____square feet – Total

5 Year Base Term – Rental Rates

YEAR 1:

\$ _____ Total Annual Rent
\$ _____ Base Square foot Rate
\$ _____ Cost of Services, utilities & maintenance per square foot
\$ _____ Cost of Tenant Improvement per square foot, if applicable
\$ _____ Total Square foot rate

YEAR 2:

\$ _____ Total Annual Rent
\$ _____ Base Square foot Rate
\$ _____ Cost of Services, utilities & maintenance per square foot
\$ _____ Cost of Tenant Improvement per square foot, if applicable
\$ _____ Total Square foot rate

YEAR 3:

\$ _____ Total Annual Rent
\$ _____ Base Square foot Rate
\$ _____ Cost of Services, utilities & maintenance per square foot
\$ _____ Cost of Tenant Improvement per square foot, if applicable
\$ _____ Total Square foot rate

YEAR 4:

\$ _____ Total Annual Rent
\$ _____ Base Square foot Rate
\$ _____ Cost of Services, utilities & maintenance per square foot
\$ _____ Cost of Tenant Improvement per square foot, if applicable
\$ _____ Total Square foot rate

YEAR 5:

\$ _____ Total Annual Rent
\$ _____ Base Square foot Rate
\$ _____ Cost of Services, utilities & maintenance per square foot
\$ _____ Cost of Tenant Improvement per square foot, if applicable
\$ _____ Total Square foot rate

5 – 1 One Year Renewal Options

YEAR 1:

\$ _____ Total Annual Rent
\$ _____ Base Square foot Rate
\$ _____ Cost of Services, utilities & maintenance per square foot
\$ _____ Cost of Tenant Improvement per square foot, if applicable
\$ _____ Total Square foot rate

YEAR 2:

\$ _____ Total Annual Rent
\$ _____ Base Square foot Rate
\$ _____ Cost of Services, utilities & maintenance per square foot
\$ _____ Cost of Tenant Improvement per square foot, if applicable
\$ _____ Total Square foot rate

YEAR 3:

\$ _____ Total Annual Rent
\$ _____ Base Square foot Rate
\$ _____ Cost of Services, utilities & maintenance per square foot
\$ _____ Cost of Tenant Improvement per square foot, if applicable
\$ _____ Total Square foot rate

YEAR 4:

\$ _____ Total Annual Rent
\$ _____ Base Square foot Rate
\$ _____ Cost of Services, utilities & maintenance per square foot
\$ _____ Cost of Tenant Improvement per square foot, if applicable
\$ _____ Total Square foot rate

YEAR 5:

\$ _____ Total Annual Rent
\$ _____ Base Square foot Rate
\$ _____ Cost of Services, utilities & maintenance per square foot
\$ _____ Cost of Tenant Improvement per square foot, if applicable
\$ _____ Total Square foot rate