

Exhibit F
Attachment A to GSA Form 1364

PROPOSAL TO LEASE SPACE – RATE STRUCTURE

Clinical and or Administrative Space NOT TO EXCEED 10,000 USABLE SQUARE FEET

Rentable Area: _____ **square feet – Total**

Usable Area: _____ **square feet – Total**

Ten (10) Year Base Firm Term – Rental Rates

YEAR 1:

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 2:

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 3:

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 4:

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 5:

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 6

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 7

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 8

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 9

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 10

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

Annual CPI adjustment **IS NOT** included in this lease.

Lessor Initials: _____

Contract Officer Initials: _____

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PROPOSAL TO LEASE SPACE – RATE STRUCTURE

Clinical and or Administrative Space NOT TO EXCEED 10,000 USABLE SQUARE FEET

Rentable Area: _____ **square feet – Total**

Usable Area: _____ **square feet – Total**

Two (2) Five-Year Terms – Rental Rates

YEAR 11:

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 12:

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 13:

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 14:

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 15:

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 16

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 17

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 18

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 19

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

YEAR 20

\$ _____ Total Annual Rent
\$ _____ Base Square Foot Rate
\$ _____ Cost of services, utilities & maintenance per square foot
\$ _____ Total square foot rate

Annual CPI adjustment **IS NOT** included in this lease.

Lessor Initials: _____

Contract Officer Initials: _____