

| LEASE PROPOSAL FORM | | | | |
|-----------------------------------------------|-------------|--------|--|-----------|
| Department Use Only: PROPOSAL NUMBER: | PROPOSER: | | | |
| Project Name: | Project No. | | | |
| Part I Proposal Summary | | | | |
| A. Proposer/Lessor Information | | | | |
| 1. Name of Proposer/Company: | | | | |
| 2. Proposer's or Company Owner's Name: | | | | |
| 3. Company Street Address: | | | | |
| 4. Company City: | | State: | | Zip Code: |
| 5. Company Phone Number: | | | | |
| 6. Company E-mail Address: | | | | |
| 7. Company Unified Business Identifier (UBI): | | | | |
| 8. Contact Name: | | | | |
| 9. Contact Phone: | | | | |
| 10. Contact E-mail: | | | | |

End of Part IA

| B. Site Details (Information will be verified with local jurisdiction) | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------|--|--------------------------------|
| 1. Exact Street Address: | | | | |
| 2. City: | | State | | Zip Code: <input type="text"/> |
| 3. Assessor's Parcel Number(s): | | | | |
| 4. Proposed BOMA Occupant Area Square Footage: | | | | |
| 5. Proposed BOMA Rentable Square Footage: | | | | |
| 6. Floor number(s) for proposed space: | | | | |
| 7. Occupancy Date (Date proposed premises is available for occupancy): | | | | |
| 8. Beneficial Occupancy (Date proposed premises is available for beneficial occupancy): | | | | |
| 9. Specific Zoning Description: Describe site's designated zoning as well as permitted uses. | | | | |
| 10. Describe any potential constraints or restrictions in the use of the building. | | | | |
| 11. The proposed space is (See DEFINITIONS in Part B): | <input type="checkbox"/> Existing Space <input type="checkbox"/> Under Construction <input type="checkbox"/> Planned | | | |
| 12. If this proposal is being submitted by a broker, is the documentation from the Legal Owner(s) of the property authorizing the broker's or agent's submittal included with this proposal? (See Appendix A) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | | |
| 13. Describe the Proof of Control provided with this proposal. (See Appendix A) | | | | |

End of Part IB

| Part II Environmental and Planning | |
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| 1a. Is the proposed space within a one hundred-year flood plain and/or special flood hazard area (WAC 236-100) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 1b. Attach a copy of the FEMA flood map showing the proposal and the surrounding area. | <input type="checkbox"/> Document Attached |
| 2a. Has an Environmental Phase 1 study been completed for this facility. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2b. If yes, provide a summary document of the Environmental Phase I with this proposal. | <input type="checkbox"/> Document Attached <input type="checkbox"/> N/A |
| 2c. Explain a "No" or "N/A" response to the Environmental Phase 1 question | |
| 2d. List all known concerns, actions completed or planned to resolve and / or remediate these concerns: | <input type="checkbox"/> N/A |
| 3a. Are there any anticipated land development or building renovation issues, such as height restrictions, set back requirements etc.? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 3b. If "Yes", describe the potential issues and any proposed solution. | |
| 4a. Has the proposer obtained a building permit connected with proposed renovations or completed steps in the site plan review process, or completed a pre-submission conference for site plan review or site plan review or similar process with the responsible permitting authority? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 4b. If "Yes", identify the step in the process that has been completed and provide the date and a brief summary of the results. | Step: _____ Date: _____ |
| 4c. List the any concerns identified through this phase and their potential impact to the proposed facility. Attach any official comments/response/documents from the permitting authority. | |
| 4d. If the answer to 4a is "No" or "NA" – explain | |

End of Part II

Part III Agency Program and Operational Needs

Suitability for Program Operations

1. The AGENCY expects its core hours of operation to be 6:30 a.m. to 7:00 p.m. Monday through Friday; however, building access and operations are to be available throughout the entire term of the lease, 24 hours per day, 7 days per week. Describe how the Proposal will support the hours of operation of the AGENCY.

Service Area

4. Describe how the Proposal is situated within the identified boundaries and enhances the AGENCY’s delivery of services as well as facilitates employee and client access to the site.

Adjacency and Proximity

5. Describe any potential constraints or restrictions in the use of the proposed space based on requirements and specifications of this RFP.

6a. If there are other tenants in the facility, identify other tenants by name and function.

6b. List any potential issues with existing tenants of the facility or neighborhood that may arise as a result of this AGENCY leasing the proposed space.

7. Identify any existing nearby public agencies and/or potential service partners and the distance of their facilities to the main public entrance of the proposed facility.

8. What type of basic services and amenities are within walking distance (approximately 1/4 mile) of this proposed site?

9. Describe the surrounding neighborhood and how it would be compatible to the AGENCY’s presence and operations.

Parking

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| 10a. What is the parking required by the local zoning code? | Parking Stalls Required by Code # |
| 10b. Number of on-site parking stalls included in the Proposal | # |
| 10c. Number of on-site accessible parking stalls for the disabled included in the Proposal: | # |

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| 11a. Number of off-site parking stalls included in the Proposal or other parking available for AGENCY employees and clients? (if any): | # |
| 11b. Address and parcel # of any proposed off-site parking. Distance of any proposed off-site parking to/from the proposed site. | Address: Parcel#: Distance: |
| 12. If the site is multi-tenanted, how will the AGENCY's parking spaces be identified? | |
| 13. Describe any aspects of this proposal that <u>are unique</u> as it relates to access to nearby parking for the AGENCY employees and clients. (note if the parking is free or paid) | |

| Public Transportation | | | | |
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| 14a. What is /are the public transit routes (#s) and frequency of service in the area of the site, either on the street directly adjacent to the site or close by? | | | | |
| 14b. Type of Transit | Min. once every half hour | Hourly | Daily | On-Call |
| Bus | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Train/Light Rail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dial-a-ride | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If other, describe: | | | | |
| 15. What is the distance in feet to the nearest transit stop from the site's main public entrance? | | | | |
| 16. Are the nearest bus stops ADA accessible and is there an ADA accessible route from the bus stop to the building's main entrance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| 17. What are the other route numbers of public transit that have stops within ½ mile of the proposed facility? | | | | |
| 18. Describe how this proposal will support the AGENCY employees and clients that either chose to use or are reliant on public transportation to get to the facility. | | | | |
| 19. Describe the aspects of this proposal that <u>are unique</u> as it relates to access to access to public transportation for the AGENCY employees and clients. | | | | |

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| Site Access |
| 20. Describe how this proposal will provide employee and public access to the site/facility and services by car, walking bicycling etc. |
| 21. How does the site access and layout minimize difficulties for pedestrians, whether from buses or cars in navigating to the site and then the entrance(s)? |

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| Information Technology | |
| 22. Will the proposal be able to meet the requirements of the AGENCY related to telecommunications distribution and rooms? | |
| <input type="checkbox"/> Yes, currently meets requirements <input type="checkbox"/> No, but will be improved to meet requirements | <input type="checkbox"/> No, will not be improved to meet these requirements |

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| Building Systems | |
| Please review the relevant specifications in the SPACE REQUIREMENTS. | |
| Heating, Ventilation, and Air Conditioning (HVAC) System | |
| 23a. Will the proposed building meet all of the HVAC requirements set forth in the SPACE REQUIREMENTS? | |
| <input type="checkbox"/> Yes, currently exceeds these requirements <input type="checkbox"/> Yes, currently meets these requirements | <input type="checkbox"/> Yes, will be improved to meet these requirements <input type="checkbox"/> No, will not be improved to meet these requirements |
| 23b. If the answer above indicated that this requirement will <u>not</u> be met, please describe why below. | |
| 23c. Please provide a detailed description of the existing HVAC system including its age, capacity, and energy source. If the system will be upgraded or replaced, provide details of proposed upgrade and/or system. When did the system last receive a maintenance review? What were the results? If repairs were made, what were they? Has there been a life cycle cost analysis performed on any of the installed equipment? If so, provide the analysis. What features of this proposal exceed the SPACE REQUIREMENTS? Attach documentation as necessary. | |
| Electrical Capacity | |
| 24a. Will the proposed building meet all the electrical capacity requirements set forth in the SPACE REQUIREMENTS? | |

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| <input type="checkbox"/> Yes, currently meets all requirements <input type="checkbox"/> Yes, will be improved to meet all requirements | <input type="checkbox"/> Yes, will meet some, but not all, of these requirements <input type="checkbox"/> No, will not be improved to meet these requirements |
| 24b. If the answer above indicated that this requirement will <u>not</u> be met, please describe why below. | |

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| Plumbing | |
| 25a. Will the proposed building meet all of the plumbing requirements set forth in the SPACE REQUIREMENTS? | |
| <input type="checkbox"/> Yes, currently exceeds these requirements <input type="checkbox"/> Yes, currently meets these requirements | <input type="checkbox"/> Yes, will be improved to meet these requirements <input type="checkbox"/> No, will not be improved to meet these requirements |
| 25b. If the answer above indicated that this requirement will <u>not</u> be met, please describe why below. | |

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| Lighting | |
| 26a. Will the proposed building meet all of the lighting requirements set forth in the SPACE REQUIREMENTS? | |
| <input type="checkbox"/> Yes, currently exceeds these requirements <input type="checkbox"/> Yes, currently meets these requirements | <input type="checkbox"/> Yes, will be improved to meet these requirements <input type="checkbox"/> No, will not be improved to meet these requirements |
| 26b. If the answer above indicated that this requirement will <u>not</u> be met, please describe below. | |
| 26c. Please provide a detailed description of the existing lighting system including its age, capacity, and energy source. If the system will be upgraded or replaced, provide details of proposed upgrade and/or system. When did the system last receive a maintenance review? What were the results? If repairs were made, what were they? Has there been a life cycle cost analysis performed on any of the installed equipment? If so, provide the analysis. What features of this proposal exceed the SPACE REQUIREMENTS? Attach documentation as necessary. | |

| Elevators | |
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| 27a. Will the proposed building meet all of the elevator requirements set forth in the SPACE REQUIREMENTS? | |
| <input type="checkbox"/> Yes, currently exceeds these requirements <input type="checkbox"/> Yes, currently meets these requirements | <input type="checkbox"/> Yes, will be improved to meet these requirements <input type="checkbox"/> No, will not be improved to meet these requirements |
| 27b. If the answer above indicated that this requirement will <u>not</u> be met, please describe why. | |

| Energy Management System (EMS) | |
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| 28a. Will the building proposed meet all the requirements Stated in the SPACE REQUIREMENTS? | |
| <input type="checkbox"/> Yes, currently meets these requirements <input type="checkbox"/> Yes, will be improved to meet these requirements | <input type="checkbox"/> No, will not be improved to meet these requirements |
| 28b. If the answer above indicated that this requirement will not be met, please describe why. | |

| Building Envelope | |
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| 29. Will the proposed building meet all the Building Envelope requirements set forth in the SPACE REQUIREMENTS? Please describe each of the Building Envelope components below: | |
| 29a. Building Exterior 29b. Roof 29c. Windows and Glazing 29d. Doors | |
| <input type="checkbox"/> Yes, currently meets all requirements <input type="checkbox"/> Yes, will be improved to meet all requirements | <input type="checkbox"/> Yes, will meet some, but not all, of these requirements <input type="checkbox"/> No, will not be improved to meet these requirements |
| 29e. If the answer above indicated that this requirement will not be met, please describe why. | |

| Accessibility | |
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| 30. Describe how the proposed site embodies the principle of "universal access". | |
| 31. Describe how the design of the building provides clearly identifiable access from either the parking lot or the street/sidewalk for people with disabilities. | |

| Historic Preservation | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 32a. Is the proposed building on listed on the National Historic Register of Historic Places? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32b. Is the proposed building certified as a Historic Landmark by a local Historic Commission? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32c. If yes, attach applicable documentation or certification. | |

End of Part III

| Part IV Proposed Lease Terms and Costs | |
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| Proposed Lease Terms | |
| 1a. Proposed rental rate per BOMA rentable square foot per year for a five-year lease term: | \$ |
| 1b. Proposed rental rate per BOMA rentable square foot per year for a ten-year lease term: | \$ |
| 1c. Included in the proposed rental rate the Proposer agrees to provide a building and improvements, at their sole cost and expense, in conformance with the SPACE REQUIREMENTS and all additional requirements of this RFP , excluding those exceptions provided for under EXHIBIT 2 . | <input type="checkbox"/> Confirmed |

| Operating Expenses | | |
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| 2. Indicate the type of lease, per Appendix B, 1.1: <input type="checkbox"/> Fully Serviced <input type="checkbox"/> Partially Serviced | | |
| 2a. Operating Expenses Included in the Rental Rate | | |
| The rental rate in section 1a and 1b above includes the following expenses at no additional charge to the Lessee (check the boxes). If there are other expenses included at no additional charge to the lessee, provide that information in the boxes provided. | | |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Sewer | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Garbage | |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Restroom Supplies | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Water | <input type="checkbox"/> Light Bulbs | <input type="checkbox"/> Other (Describe) |
| If OTHER , describe below. | | |
| 2b Operating Expenses Not Included in the Rental Rate | | |
| <input type="checkbox"/> Janitorial | <input type="checkbox"/> Sewer | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Electricity | <input type="checkbox"/> Garbage | |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Restroom Supplies | <input type="checkbox"/> Other (Describe) |
| <input type="checkbox"/> Water | <input type="checkbox"/> Light Bulbs | <input type="checkbox"/> Other (Describe) |

| Incentives | |
|-----------------------------------------------------------------------------------|----------------------------------------------------------|
| 3a. Does your Proposal include additional incentives or inducements to the State? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3b. If YES , please describe the proposed incentives or inducements below. | |

End of Part IV

ACKNOWLEDGEMENT AND CERTIFICATION

| Part V Proposer Statement | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------|-------|
| Proposers acknowledge and certify that Proposer is authorized to submit this Proposal. Proposer acknowledges and certifies that Proposer has read and fully understands all the terms and conditions of this RFP and that the Proposal complies with the requirements of this RFP and any errors or omissions are the Proposer's responsibility. Proposer represents and warrants that all information and statements submitted in response to this project are complete and accurate to the best of the Proposer's knowledge. | | | |
| Proposer's Signature | | | |
| Proposer's Printed Name | | Title: | Date: |

End of Part V
