

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

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B. Site Details (Information will be verified with local jurisdiction)				
1. Exact Street Address:				
2. City:		State		Zip Code:
3. Assessor's Parcel Number(s):				
4. Proposed BOMA Usable 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:	<input type="checkbox"/> Existing Space <input type="checkbox"/> Under Construction <input type="checkbox"/> Planned			

End of Part IB

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

End of Part II

Part III Agency Program and Operational Needs

Suitability for Program Operations

1. Describe how the Proposal will support and enhance the AGENCY'S mission, goals and objectives as defined in the Request for Proposals, Subsection 2.2 and AGENCY Addendum, including, but not limited to how the building will ensure separation as well as interface between employees and clients.
2. Describe how the Proposal will support the hours of operation of the AGENCY. The AGENCY expects its core hours of operation to be 6:30 a.m. to 7:00 p.m. Monday through Friday. Building access and operations are to be available throughout the entire term of the lease, 24 hours per day, 7 days per week.
3. Indicate if there are expansion opportunities and describe how they could be implemented, whether through additional space or more efficient layouts or other initiatives.

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.
5. Describe the aspects of this Proposal that are unique as it relates to how well the site is located within the defined Service Delivery Area.

Adjacency and Proximity

6. Describe any potential constraints or restrictions in the use of the proposed space based on requirements and specifications of this RFP.
- 7a. If there are other tenants in the facility, Identify other tenants by name and function.
- 7b. 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.
8. 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.
9. What type of basic services and amenities are within walking distance (approximately 1200 feet) of this proposed site?
10. Describe the surrounding neighborhood and how it would be compatible to the AGENCY's presence and operations.

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Parking	
11a. What is the parking required by the local zoning code? What is the difference between that and the parking specified in the RFP and that as provided in proposal?	Code/Specification/Proposal
11b. Number of on-site parking stalls included in the Proposal	#
11c. Number of on-site accessible parking stalls for the disabled included in the Proposal:	
12a. Number of off-site parking stalls included in the Proposal or other parking available for AGENCY employees and clients? (if any):	
12b. Address and parcel # of any proposed off-site parking. Distance of any proposed off-site parking to/from the proposed site.	Address: Parcel#: Distance:
13. If the site is multi-tenanted, how will the AGENCY's parking spaces be identified?	
14. Describe the 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				
15a. 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?				
15b. Type of Transit	At least 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:				
16. What is the distance in feet to the nearest transit stop from the site's main public entrance?				
17. 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				
18. What are the other route numbers of public transit that have stops within ½ mile of the proposed facility?				
19. 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.				
20. 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.				

Alternative Transportation Support

21. Describe the access and storage for alternative transportation modes other than single occupancy vehicles (such as bicycles, designated parking for alternative transportation methods, or plug ins for electric vehicles)

22. Will showers be available for this facility?
(Required by the *Leased Space Requirements*, 2005 edition for space over 20,000 SF)

Answer

- Yes, currently available
- Not currently available, will be available if selected
- Will not be provided in this proposal
- Will not be provided in this proposal – under 20,000 SF

Major Routes of Travel

23. List all nearby arterial roadways and the distance from the facility to the nearest exits or access points on these and major arterials and freeways

24. Describe the aspects of this proposal that are unique as it relates to access to Major Routes of Travel

Site Access

25. Describe how this proposal will provide employee and public access to the site/facility and services by car, walking bicycling etc.

26. 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)?

Information Technology

27. Will the proposal be able to meet the requirements of the AGENCY related to telecommunications distribution and rooms?

- Yes, currently meets requirements
- No, but will be improved to meet requirements

No, will not be improved to meet these requirements

Program Operations - Unique Program Needs

28. How will this proposal meet the Separate Entrance / Exiting Requirements for public and employees

29. How will this proposal meet the Shared Facility Resources (Conference Rooms, Lunch Rooms, Rest Rooms, etc?)

30. How will this proposal meet the Separate Public and Employee areas

31. How will this proposal meet the State Vehicle Parking requirements?

32. Provide any other ideas for accommodating unique program needs identified in the AGENCY Addendum:

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Building Performance	
Leadership in Energy and Environmental Design (LEED™) or Equivalent	
33a. Is the proposed building LEED™ rated or equivalent?	
<input type="checkbox"/> Yes, currently LEED™ rated <input type="checkbox"/> Yes, will be improved to be LEED™ rated	<input type="checkbox"/> No, will not be improved to meet these requirements
33b. If yes, identify the LEED™ rating or other standard and attach a copy of such rating with its certification.	
33c. If no, explain why.	

Energy Rating	
Please review the relevant specifications in the Leased Space Requirements, 2005 edition	
34a. Provide a building Energy Star® rating score if available at this time. The State supports leasing in facilities with a national energy performance rating score of 75 or greater unless other specific statutory requirements are met as per RCW 19.27a .	
<input type="checkbox"/> Yes, 75 points or higher	Rating: _____ Date Attained: _____
<input type="checkbox"/> Yes, the building has received an Energy Star® rating lower than 75 points, but will be improved to meet the 75 points performance rate	<input type="checkbox"/> No, but a preliminary energy audit will be conducted to identify the Energy Star® rating and energy saving strategies
<input type="checkbox"/> Yes, but it has been determined that none of the energy saving strategies identified are cost effective within the proposed lease term.	<input type="checkbox"/> No, will not be improved to meet the 75 performance rate
34b. If yes, but no cost saving strategies are cost efficient, describe why.	
34c. If any of the answers above indicated that that an Energy Star rating is not available and/or an energy audit has not been conducted, or will not be conducted, describe why below.	

Building Systems	
Please review the relevant specifications in the Appendix A SPACE REQUIREMENTS.	
Heating, Ventilation, and Air Conditioning (HVAC) System	
Please review the relevant specifications in the Leased Space Requirements, 2005 edition	
35a. Will the proposed building meet all of the HVAC requirements set forth in the July 2005 Leased 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
35b. If the answer above indicated that this requirement will <u>not</u> be met, please describe why below.	
35c. 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	

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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

Please review the relevant specifications in Appendix A SPACE REQUIREMENTS

36a. Will the proposed building meet all the electrical capacity requirements set forth in the July 2005 Leased Space Requirements

- | | |
|---|--|
| <input type="checkbox"/> Yes, currently meets all requirements | <input type="checkbox"/> Yes, will meet some, but not all, of these requirements |
| <input type="checkbox"/> Yes, will be improved to meet all requirements | <input type="checkbox"/> No, will not be improved to meet these requirements |

36b. If the answer above indicated that this requirement will not be met, please describe why below.

Plumbing

Please review the relevant specifications in Appendix A SPACE REQUIREMENTS

37a. Will the proposed building meet all of the plumbing requirements set forth in the July 2005 Leased Space Requirements?

- | | |
|--|--|
| <input type="checkbox"/> Yes, currently exceeds these requirements | <input type="checkbox"/> Yes, will be improved to meet these requirements |
| <input type="checkbox"/> Yes, currently meets these requirements | <input type="checkbox"/> No, will not be improved to meet these requirements |

37b. If the answer above indicated that this requirement will not be met, please describe why below.

Lighting

Please review the relevant specifications in Appendix A SPACE REQUIREMENTS

38a. Will the proposed building meet all of the lighting requirements set forth in the July 2005 Leased Space Requirements?

- | | |
|--|--|
| <input type="checkbox"/> Yes, currently exceeds these requirements | <input type="checkbox"/> Yes, will be improved to meet these requirements |
| <input type="checkbox"/> Yes, currently meets these requirements | <input type="checkbox"/> No, will not be improved to meet these requirements |

38b. If the answer above indicated that this requirement will not be met, please describe below.

38c. 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

Please review the relevant specifications in Appendix A SPACE REQUIREMENTS

39a. Will the proposed building meet all of the elevator requirements set forth in the July 2005 Leased Space Requirements?

- | | |
|--|--|
| <input type="checkbox"/> Yes, currently exceeds these requirements | <input type="checkbox"/> Yes, will be improved to meet these requirements |
| <input type="checkbox"/> Yes, currently meets these requirements | <input type="checkbox"/> No, will not be improved to meet these requirements |

39b. If the answer above indicated that this requirement will not be met, please describe why.

Energy Management System (EMS)

Please review the relevant specifications in Appendix A SPACE REQUIREMENTS

39a. Will the building proposed meet all the requirements Stated in the July 2005 Leased Space Requirements?

- | | |
|---|--|
| <input type="checkbox"/> Yes, currently meets these requirements | <input type="checkbox"/> No, will not be improved to meet these requirements |
| <input type="checkbox"/> Yes, will be improved to meet these requirements | |

39b. If the answer above indicated that this requirement will not be met, please describe why.

Building Envelope

Please review the relevant specifications in Appendix A SPACE REQUIREMENTS

40. Will the proposed building meet all the Building Envelope requirements set forth in the July 2005 Leased Space Requirements? Please describe each of the Building Envelope components below:

- 40a. Building Exterior
- 40b. Roof
- 40c. Windows and Glazing
- 40d. Doors

- | | |
|---|--|
| <input type="checkbox"/> Yes, currently meets all requirements | <input type="checkbox"/> Yes, will meet some, but not all, of these requirements |
| <input type="checkbox"/> Yes, will be improved to meet all requirements | <input type="checkbox"/> No, will not be improved to meet these requirements |

41. If the answer above indicated that this requirement will not be met, please describe why.

Building Efficiency

42. Provide the floor load factor (rentable to usable factor) of the proposed space or facility. Describe how you derived this loading capacity.

43. Describe how the configuration of the proposed space or building maximizes space utilization efficiency.

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44. Describe how this proposal minimizes the space required to be allocated for circulation.

45. Describe the column and shear wall spacing.

46. Describe how this proposal enhances staff interaction.

47. Describe how the building orientation and design enhances customer service.

48. Describe how the proposed building or space enhances flexibility of use and space planning flexibility.

Accessibility

49. Describe how the proposed site embodies the principle of “universal access”.

50. 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

51. Is the proposed building on listed on the National Historic Register of Historic Places? Yes No

52. Is the proposed building certified as a Historic Landmark by a local Historic Commission? Yes No

53. If yes, attach applicable documentation or certification.

End of Part III

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Part IV Proposed Lease Terms and Costs					
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:					\$
Operating Expenses					
2a. Indicate the type of lease below:					
<input type="checkbox"/> Fully Serviced		<input type="checkbox"/> Partially Serviced		<input type="checkbox"/> Triple Net	
2b. If the proposed rent rate is partially serviced or triple net, select the operating expenses to be paid separately (check the box) and provide estimated cost of each below. If there are others, indicate. Additional documentation may be attached.					
Operating expense	Estimated Cost/SF/YR	Operating Expense	Estimated Cost/SF/YR	Operating Expense	Estimated Cost/SF/YR
<input type="checkbox"/> Janitorial		<input type="checkbox"/> Sewer		<input type="checkbox"/>	
<input type="checkbox"/> Electricity		<input type="checkbox"/> Garbage		<input type="checkbox"/>	
<input type="checkbox"/> Natural Gas		<input type="checkbox"/> Other		<input type="checkbox"/>	
<input type="checkbox"/> Water		<input type="checkbox"/> Light Bulbs		<input type="checkbox"/>	
<input type="checkbox"/> Restroom Supplies		<input type="checkbox"/> Landscaping		<input type="checkbox"/>	
2c. If OTHER , describe below.					
3. Describe any potential initial costs that could be the responsibility of the State:					
4. List any other charges or fees that are proposed as the responsibility of the State and define the approximate/estimated costs below (such as parking).					
Inducements					
5a. Does your Proposal include additional incentives or inducements to the State?					<input type="checkbox"/> Yes <input type="checkbox"/> No
5b. 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		Title:	Date:
Proposer's Printed Name			

End of Part V