

**VII. OFFICIAL PROPOSAL FORM**

(Please see official proposal form contained herein.)

## OFFICIAL PROPOSAL FORM (To be completed by Proposer)

ADDRESS OF PROPERTY: \_\_\_\_\_

NAME OF PROPERTY OWNER: \_\_\_\_\_

NAME OF PROPERTY AGENT (if applicable): \_\_\_\_\_

TYPE OF SPACE (PRIMARY USE): \_\_\_\_\_ Office  
\_\_\_\_\_ Storage / Warehouse  
\_\_\_\_\_ Workshop / Training  
\_\_\_\_\_ Residential  
\_\_\_\_\_ Other

SPACE IS: \_\_\_\_\_ Existing  
\_\_\_\_\_ Under Construction  
\_\_\_\_\_ To be constructed

If the Space is under construction or to be constructed, the completion date is \_\_\_\_\_.

### CONTRACT RENT:

Total Rentable Square Feet Offered for Lease: \_\_\_\_\_  
Total Usable Square Feet Offered for Lease: \_\_\_\_\_  
Rentable Square Feet by Area: \_\_\_\_\_ Office  
\_\_\_\_\_ Storage  
\_\_\_\_\_ Meeting / Conference Rooms  
\_\_\_\_\_ Common Area  
\_\_\_\_\_ Other

Annual Contract Rent: \$ \_\_\_\_\_

Annual Contract Rent Per Rentable Square Foot: \$ \_\_\_\_\_

Lessor agrees to provide the following to be included in the Annual Contract Rent: **Sewer, Trash, Insurance Premiums, Taxes, and Landscaping.** If the Lessor chooses to provide Security for the proposed space, the cost for Security shall also be included in the Annual Contract Rent.

Are Escalations for Operating Expenses included in the Lease? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If Escalations for Operating Expenses are included in the Lease, the Lessor shall initial and submit WITH THEIR PROPOSAL a copy of the RPM-5A State of Mississippi Standard Escalation Agreement. The Lessor should initial only for those expenses for which the Lessor desires to escalate. The State of Mississippi will not accept a Gross Expense Stop as part of this Lease.**

Number of Parking Spaces included as part of this Lease: \_\_\_\_\_  
Additional Parking Costs: \$ \_\_\_\_\_

**It is the responsibility of each Proposer to ensure that sufficient parking is provided pursuant to the requirements in this RFP. Should the Proposer not be the owner of some or all of the proposed parking, it is the responsibility of the Proposer to have an agreement in place with the parking owner to ensure adequate parking is provided.**

**BUILDING SPECIFICATIONS** (Please provide the information below as it pertains to the proposed building and space):

Gross Square Feet (Entire Building): \_\_\_\_\_

Age: \_\_\_\_\_

Type of Construction (Brick, Concrete, Wood, etc.): \_\_\_\_\_

Original Use of Building: \_\_\_\_\_

Last Major Renovation: \_\_\_\_\_

Roof Type: \_\_\_\_\_

Age of Roof: \_\_\_\_\_

A/C Type: \_\_\_\_\_

Age of A/C: \_\_\_\_\_

Heat Type: \_\_\_\_\_

Age of Heating Unit(s): \_\_\_\_\_

Ceiling Height: \_\_\_\_\_

Interior Walls: \_\_\_\_\_

Age of Paint or Other Wall Covering: \_\_\_\_\_

Floor Covering: \_\_\_\_\_ Carpet  
\_\_\_\_\_ Tile  
\_\_\_\_\_ Carpet AND Tile  
\_\_\_\_\_ Other

Age of Floor Covering: \_\_\_\_\_

Average Number of Electrical Outlets per Room: \_\_\_\_\_

Type of Lighting: \_\_\_\_\_

Number of Restrooms: \_\_\_\_\_ Men  
\_\_\_\_\_ Women  
\_\_\_\_\_ Unisex

I agree that the proposed space is in compliance with the Americans with Disabilities Act of 1990 and subsequent revisions, and if the proposed space is not in compliance with this Act and subsequent revisions, I will make the necessary modifications to bring the building into compliance:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Does the Building contain Asbestos? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes" is the Asbestos non-friable? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is this building in a Flood Zone? \_\_\_\_\_ Yes \_\_\_\_\_ No.

If Yes, please list the Flood Zone and Floodplain Elevation: \_\_\_\_\_

Regardless of whether in a Flood Zone, will Lessee insure Lessor's contents against ALL hazards?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Is any percentage of the Leased Premises federally funded?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide a good faith estimate of the annual utility cost which would be incurred by the DOR for the leased premises: \_\_\_\_\_

Please provide a good faith estimate of the annual janitorial cost which would be incurred by the DOR for the leased premises: \_\_\_\_\_

Please provide a good faith estimate of the annual parking cost for the leased premises: \_\_\_\_\_

Please state the age of the HVAC system which will service the leased premises: \_\_\_\_\_

I agree that the proposed space, on the first (1<sup>st</sup>) date of occupancy, will meet or exceed all State and Local building codes, fire and safety regulations and zoning ordinances. \_\_\_\_\_ Yes \_\_\_\_\_ No

Please DISCLOSE all owners, partners, or corporate members holding an interest in this property other than the Owner/Agent listed herein:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The owner(s) of this property warrant that the leasing of this property to a state agency will not be in violation of Sections 25-4-103 and 25-4-105 of the Mississippi Code.*

If the space offered for Lease is located in a multi-tenant building, please list the other tenants at this time:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Proposal is submitted by \_\_\_\_\_, who is the Owner of the property, or who is the acting agent of the Owner of the property duly authorized to submit this proposal on behalf of the owner(s). This offer will be held by the Owner of the property until \_\_\_\_\_.

\_\_\_\_\_  
Signature (Owner / Authorized Agent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address