

<b>PROPOSAL TO LEASE SPACE</b>	In Response to Request for Lease Proposals (RLP) Number→	<b>VA260-15-R-0460</b>	DATED <b>09-29-2015</b>
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**SECTION I - DESCRIPTION OF PREMISES**

<b>1. BUILDING DESCRIPTION</b>	a. Building Name <b>Clark County Center for Community Health</b>	b. Building Street Address <b>1601 E. Fourth Plain Blvd., Building 17</b>			
c. City <b>Vancouver</b>	d. State <b>WA.</b>	e. 9-Digit ZIP Code <b>98661-3753</b>		f. Congressional District <b>3<sup>rd</sup> Congressional District</b>	
2a. FLOORS OFFERED  <b>A portion of the 1<sup>st</sup> and 3<sup>rd</sup> floors</b>	2b. TOTAL NUMBER OF FLOORS IN BUILDING  <b>4</b>	3. TOTAL RENTABLE SPACE IN OFFERED BUILDING			
		a. GENERAL PURPOSE (Office) <b>2,251.3 RSF</b>	b. WAREHOUSE	c. OTHER – 13,359.37 R.S.F. (Clinic and IDF) <b>15,610.67 RSF Total</b>	
4. LIVE FLOOR LOAD  <b>100 Pounds per SF</b>	5. MEASUREMENT METHOD  <input checked="" type="checkbox"/> ANSI/BOMA <input type="checkbox"/> OTHER	6. YEAR OF LAST MAJOR RENOVATION (if applicable) <b>N/A</b>	7. BUILDING AGE  <b>2006</b>	8. SITE SIZE(entire Building)  <b>167,724 SF Total</b>	

**SECTION II - SPACE OFFERED AND RATES**

9. ANSI/BOMA OFFICE AREA SQUARE FEET (ABOA)	<b>15,610.67</b>	10. RENTABLE SQUARE FEET (RSF)	<b>15,752</b>	11. COMMON AREA FACTOR (CAF)	<b>.295</b>
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"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.

	a. BUILD-OUT COSTS PER CATEGORY	b. AMORTIZATION TERM	c. AMORTIZATION INTEREST RATE (%)	d. ANNUAL RENT \$ PER RSF	Number of years each cost per square foot is in effect. State any changes for any rent component.	
					e. ANNUAL RENT \$ PER ABOA SF	f. NUMBER YEARS RATE IS EFFECTIVE
12. TENANT IMPROVEMENTS (per RLP requirements)	\$ *See Additional Remarks and			\$	\$	2016-2020
13. BSAC (per RLP requirements detailed on Security Unit Price List)	\$			\$	\$	
14. SHELL BUILD-OUT (per RLP requirements)	\$					
15. TOTAL BUILD-OUT COSTS	\$					
16. SHELL RENT (Including current real estate taxes. Refer to Line 28 on GSA Form 1217)				\$ _____	\$ _____	
17. OPERATING COSTS (Refer to Line 27 on GSA Form 1217)				\$ 24.06 sq ft per year	\$ 24.06 sq ft per year	2016-2020
18. TOTAL RATE/SF				\$ 24.06 sq ft per year	\$ 24.06 sq ft per year	2016-2020
19. TOTAL ANNUAL RENT				\$478,470.65		
	PER SF RATE	FOR YEARS	PER SF RATE	FOR YEARS	PER SF RATE	FOR YEARS
20. STEP RENT (SHELL RATES)	\$ _____/RSF	_____ Thru _____	\$ _____/RSF	_____2015_____ Thru _____2020	\$ _____24.06_____/RSF	_____2016_____ Thru _____2020
	\$ _____/ABOA		\$ _____/ABOA		\$ _____24.06_____/ABOA	

<b>21. PARKING</b>	a. Number of parking spaces for the entire building/ facility which are under the control of the Offeror: <u>362</u> Surface <u>0</u> Structured b. Number of parking spaces required by local code: <u>      </u> N/A Surface <u>0</u> Structured c. Number of parking spaces for Employee/Visitor Use (per RLP): <u>0</u> Surface <u>0</u> Structured d. Number of parking spaces for Official Government Vehicles (per RLP): <u>0</u> Surface <u>0</u> Structured e. Does the rental rate offered above include RLP-required parking costs? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If NO, complete the following Annual cost per space: \$ <u>N/A-see Additional remarks</u> Surface \$ <u>N/A-see Additional remarks</u> Structured
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### SECTION III - LEASE TERMS AND CONDITIONS

<b>22. INITIAL LEASE TERM (Full Term)</b>			<b>23. RENEWAL OPTIONS</b>			
a. Number of Years	b. Years Firm	c. Number of Days Notice for Government to Terminate Lease	a. Shell Rate / RSF / Yr	b. Years Each	c. Number of Options	d. Number of Days Notice to Exercise Option:
Five, with option to renew	Five	90	\$ negotiable	5	3	120
<b>24. OFFER GOOD UNTIL AWARD</b>			<b>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.</b>			
<b>26. COMMISSIONS (if applicable), ATTACH COMMISSION AGREEMENT</b>						
a. Tenant Representative Commission:		b. Owner's Representative Commission:		c. Schedule of Commission Payments:		
N/A %		N/A %		N/A % at lease award and N/A % at lease occupancy		
<b>27. OFFEROR'S TENANT IMPROVEMENT FEE SCHEDULE</b> * N/A, subject to discussion  a. Architectural/Engineering fees will be (choose one): <input type="checkbox"/> 1. \$ _____ per ABOA SF <input type="checkbox"/> 2. _____ % of Total TI construction costs <input type="checkbox"/> 3. \$ <del>XXX.XX</del> 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 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.			<b>28. ADDITIONAL FINANCIAL ASPECTS OF THE LEASE</b> Adjustment for Vacant Premises: \$ 0 per ABOA SF HVAC Overtime Rate: \$ 0 per hour per <input type="checkbox"/> zone <input type="checkbox"/> floor <input type="checkbox"/> 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 6am AM to 7pm PM Saturday none AM to none PM Sunday none AM to none PM Percent of Government Occupancy: 30 % Current Year Taxes: \$ 0 Based on fully assessed value? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the offered space part of multiple tax bills? <input type="checkbox"/> Yes <input type="checkbox"/> 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: \$ 0 see EUL _____			

**29. LIST OF ATTACHMENTS SUBMITTED WITH THIS OFFER (See RLP requirements)**  
 See Attachments Submitted with this Offer

**30. ADDITIONAL REMARKS OR CONDITIONS WITH RESPECT TO THIS OFFER**  
 See Additional Remarks or Conditions with Respect to this Offer

### SECTION IV - OWNER IDENTIFICATION AND CERTIFICATION

**31. RECORDED OWNER**

a. Name Clark County	b. Address P.O. Box 5000	c. City Vancouver	d. State Washington	e. ZIP +4 98666-5000
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**32. 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.  I have read the RLP with attachments in its entirety and am requesting deviations.

**33. Offeror's Interest in Property**  
 Owner  Agent  Other

**34. OFFEROR**  Check if same as Recorded Owner

a. Name Robert Stevens	b. Address P.O. Box 98666-5000	c. City Vancouver	State Washington	98666-5000
e. Title Director, Clark County General Services	f. E-Mail Address Robert.Stevens@clark.wa.gov		g. Telephone Number (360) 397-2323	

i. Offeror's Signature 	j. Date Signed 09-29-2015
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LEASE PROPOSAL DATA	In Response to Request for Lease Proposals(RLP) Number	DATE:
1	<b>Offeror's Interest in the Property:</b> <input checked="" type="checkbox"/> Fee owner    Other: _____  <b>Attach evidence of Offeror's interest in property (e.g., deed) and representative's authority to bind Offeror.</b>	
2	<b>Flood Plains:</b> The Property is <input type="checkbox"/> In a base (100-year) flood plain <input type="checkbox"/> In a 500-year flood plain <input checked="" type="checkbox"/> not in a flood plain.  <i>(See RLP Section 2, Flood Plains.)</i>	
3	<b>Seismic Safety: The Building</b> RLP does not contain seismic requirements. No documentation required. <input checked="" type="checkbox"/> RLP contains seismic requirements. The Building <input checked="" 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	<b>Historic Preference: The Building is a</b> <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 checked="" type="checkbox"/> None of the above.  <i>(See RLP Section 2, Historic Preference.) Attach appropriate documentation.</i>	
5	<b>Asbestos-Containing Material (ACM): The Property</b> <input checked="" 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	<b>Fire/Life Safety:</b> The Property <input checked="" 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	<b>Accessibility:</b> The Property <input checked="" type="checkbox"/> Meets <input type="checkbox"/> Does not meet Lease accessibility standards.  <i>(See RLP Section 2, Accessibility.)</i>	
8	<b>ENERGY STAR®: The Building</b> <input type="checkbox"/> Has received the ENERGY STAR® Label within the past twelve months. Date (MM-DD-YYYY): _____ <input checked="" type="checkbox"/> Has not received the ENERGY STAR® Label within the past twelve months; the Offeror has evaluated energy savings measures and <input checked="" 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	<b>Waiver of Price Evaluation Preference.</b> 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. 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>	