

TO: State of Tennessee Real Estate Asset Management  
 William R. Snodgrass / Tennessee Tower  
 3rd Floor, 312 Rosa L. Parks Avenue  
 Nashville, Tennessee 37243-1102  
[RFP.coordinator@tn.gov](mailto:RFP.coordinator@tn.gov)

**LEASE PROPOSAL FORM**

<b>Agency, Office Name:</b>	<b>Department of Correction (DOC) CRC/DRC Training and Resource Center</b>
<b>Principal Use Office/Warehouse/Other:</b>	<b>Professional Office and Training Center</b>
<b>Transaction Number:</b>	<b>TR: 18-08-900</b>

I hereby offer to lease space to the State of Tennessee the space offered is identified and described as follows (Address of proposed space should be the 911 Emergency Address):

Name of Building \_\_\_\_\_  
 911 Street Address \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Building is located on:  
 Assessor's Map # \_\_\_\_\_ and Parcel # \_\_\_\_\_

Deed to this property is registered in:  
 County \_\_\_\_\_ Deed Book # \_\_\_\_\_ Page \_\_\_\_\_  
 (This information may be obtained at the County Register's Office and/or Tax Assessor's Office)

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Owner's Form of Business: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_

Owner's E-Mail: \_\_\_\_\_

	<u>Offered</u>	<u>Alternates Proposed</u>
<b>Parking Requirements</b>	<p><u>53</u> Spaces Total <u>33</u> Staff DOC Describe (reserved, unreserved, fenced, etc):</p> <p><b>DOES PARKING MEET, AT MINIMUM, THE FOLLOWING:</b></p> <ol style="list-style-type: none"> <li>1. Free paved, well lighted, striped parking . The parking provided shall include handicap parking to meet the relevant code requirements and special considerations below.</li> <li>2. DOS Employee <u>33</u> Client <u>20</u> = <b>Total requested 53</b></li> <li>3. Agency prefers separate client and staff parking with separate entrances to building.</li> </ol> <p><b>DOES PARKING REQUIRE AN EASEMENT?</b></p> <p>The parking provided shall include handicap parking to meet the relevant code requirements.</p>	
<b>Usable &amp; Rentable Contiguous Square Footage</b>  <b>YOU MUST PROVIDE BOTH USF and RSF</b>	<p>_____ USF _____ RSF</p> <p>Proposals with square footages having a <b>5%</b> deviation up or down will not be considered an alternate. The State intends “contiguous” to mean space that is adjacent including floors below or above. The actual square footage will be determined by programming and space planning.</p>	
<b>Special Buildout or Other Specifications</b>		
<b>Term Length</b>	7 Years, plus one 3-Year Renewal	
<b>Commencement Date</b>		
<b>Termination Options</b>		
<b>Rent/SF</b>	<p>Annual rate \$ _____ Monthly rate \$ _____ Base Rate per square foot \$ _____</p>	



Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**3. As required the following attachments are submitted with and made a part of this lease proposal:**

- ( ) Floor Plan of space proposed (1/8" = 1 foot scale)
- ( ) Photographs of the building and site
- ( ) Utility and telecommunication service information
- ( ) Site location map

4. Proposers are further encouraged to submit any other supporting materials such as plans, maps, photos, etc. which they feel might be useful to the State in understanding and evaluating their proposal.

5. Proposal must be signed by a person or persons authorized to bind the Owner to a contract. Failure to complete this Lease Proposal Form may be cause for rejection of the lease proposal.

6. **Conflict of Interest Disclosure:** By signing below, the Proposer acknowledges, understands, and agrees that any lease shall be null and void if the Proposer or Owner is, or within the past six months has been, an employee of the State of Tennessee or if the Proposer or Owner is an entity in which a controlling interest is held by an individual who is, or within the past six months has been, an employee of the State of Tennessee.

7. Name & Title of Proposer:

\_\_\_\_\_

Proposer's Address:

\_\_\_\_\_

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Form of Business: \_\_\_\_\_

Proposer's Telephone Number: \_\_\_\_\_

Proposer's Fax Number: \_\_\_\_\_

Proposer's E-Mail: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

Date: \_\_\_\_\_

8. Conflict of Interest Disclosure

The Proposer acknowledges, understands, and agrees that any lease shall be null and void if the Proposer is, or within the past six months has been, an employee of the State of Tennessee or if the Proposer is an entity in which a controlling interest is held by an individual who is, or within the past six months has been, an employee of the State of Tennessee.

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SIGNATURE

DATE

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PRINTED NAME