

<b>PROPOSAL TO LEASE SPACE</b>	IN RESPONSE TO SOLICITATION NUMBER →	<b>9VI2017</b>	DATED	<b>2-5-2013</b>
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**SECTION I - DESCRIPTION OF PREMISES**

1a. BUILDING NAME Citizenship and Immigration Services		1b. BUILDING ADDRESS 19F Rem Estate Smith Bay		
1c. CITY St. Thomas	1d. STATE U.S. VI	1e. 9-DIGIT ZIP CODE 00804	1f. CONGRESSIONAL DISTRICT At Large	
2a. FLOORS OFFERED 2	2b. TOTAL NUMBER OF FLOORS IN BUILDING 2	3. TOTAL RENTABLE SPACE IN OFFERED BUILDING		
		a. GENERAL PURPOSE (Office) 12,770 sq. ft.	b. WAREHOUSE _____ sq. ft.	c. OTHER _____ sq. ft.
4. LIVE FLOOR LOAD 110 lbs. / sq. ft.	5. MEASUREMENT METHOD ANSI/BOMA [X] OTHER [ ]	6. YEAR OF LAST MAJOR RENOVATION (if applicable) N/A	7. BUILDING AGE New Construction	8. SITE SIZE 98,000 sq. ft. 2.25 acres

**SECTION II - SPACE OFFERED AND RATES**

9. ANSI/BOMA OFFICE AREA SQUARE FEET (ABOA)	11,885	10. RENTABLE SQUARE FEET (RSF)	12,770	11. COMMON AREA FACTOR (CAF)	107.45%
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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 Security 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 Building-Specific Security 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 Building-Specific Security 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.

Offerors may copy this section through lines 18 as needed. Insert them above Box 20 or in Box 29.	Number of years each cost per RSF is in effect. State any changes for any rent component.					
	a. BUILD-OUT COSTS PER CATEGORY	b. AMORTIZATION TERM	c. AMORTIZATION (%)	d. AMORTIZED COST PER RSF	e. AMORTIZED COST PER ABOA SF	f. NO. YEARS RATE IS EFFECTIVE
12. TENANT IMPROVEMENTS (per SFO requirements)	\$ 665,203.45	120	4.75 %	\$ 6.5540	7.0420	10
13. BUILDING-SPECIFIC SECURITY (per SFO requirements detailed on Security Unit Price List)	\$ Included in TI	120	4.75 %	\$ 0.0000	0.0000	10
14. SHELL BUILD-OUT (per SFO requirements)	\$ 5,244,135.55					
15. TOTAL BUILD-OUT COSTS	\$ 5,909,339.00					
16. SHELL RENT (Including current real estate taxes. Refer to Line 28 on GSA Form 1217)				\$ 38.6569	41.5355	10
17. OPERATING COSTS (Refer to Line 27 on GSA Form 1217)				\$ 4.3393	4.6624	10
18. TOTAL ANNUAL RATE				\$ 49.5502	53.2399	10
19. TOTAL ANNUAL RENT				632,756.05	632,756.05	
TOTAL ANNUAL STEP RENTS	PER ANNUM RENT \$ 49.5502 RSF \$ 53.2399 ABOA	FOR YEARS _1_ Thru 10	PER ANNUM RENT \$ _____ RSF \$ _____ ABOA	FOR YEARS ____ Thru ____	PER ANNUM RENT \$ _____ RSF \$ _____ ABOA	FOR YEARS ____ Thru ____

20.	<p>a. Number of parking spaces for the entire building/ facility, which are under the control of the Offeror: _____41_____ surface _____ structured</p> <p>b. Number of parking spaces required by local code: _____18_____ surface _____ structured</p> <p>c. Number of parking spaces for Employee/Visitor Use (per SFO): _____37_____ surface _____ structured</p> <p>d. Number of parking spaces for Official Government Vehicles (per SFO): _____4_____ surface _____ structured</p> <p>e. Does the rental rate offered above include SFO-required parking costs?          YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If NO, complete the following: Annual cost per space: \$ _____ surface \$ _____ structured</p>
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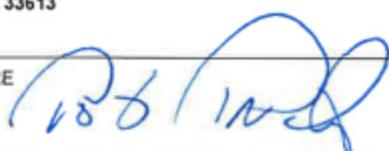
## SECTION III - LEASE TERMS AND CONDITIONS

21. INITIAL LEASE TERM (Full Term)			22. RENEWAL OPTIONS			
a. Number of years  10	b. Years firm  10	c. Number of days notice for Government to terminate lease:  90	a. Shell rate / RSF / Yr  \$ _____	b. Years each  XXX	c. Number of options  XXX	d. Number of days NOTICE to exercise renewal option:  XXX
23. OFFER GOOD UNTIL AWARD (In accordance with Federal Acquisition Regulations 15.208)			24. Space will be altered and delivered in accordance with the Government's specifications and requirements in accordance with the Solicitation for Offers and any additional attachments.			
25. COMMISSIONS--IF APPLICABLE, ATTACH COMMISSION AGREEMENT						
a. Tenant Representative Commission:  5 %		b. Owner's Representative Commission:  2 %		c. Schedule of Commission payments:  50 % at lease award and 50 % at lease occupancy		
26. OFFEROR'S TENANT IMPROVEMENT FEE SCHEDULE			27. ADDITIONAL FINANCIAL ASPECTS OF THE OFFER			
a. General Conditions will be 5 percent of (choose one): <input checked="" type="checkbox"/> 1. Total Subcontractors Costs estimated to be \$ 524,624.00 <input type="checkbox"/> 2. Other (state basis) \$ _____  b. General Contractor's fee will be 10 percent of (choose one): <input checked="" type="checkbox"/> 1. Total Subcontractors Costs estimated to be \$ 524,624.00 <input type="checkbox"/> 2. Other (state basis) \$ _____  c. Architectural/Engineering fees will be (choose one): <input checked="" type="checkbox"/> 1. \$ 3.00 per usable square foot <input type="checkbox"/> 2. % of (state basis) \$ _____ <input type="checkbox"/> 3. \$ _____ flat fee  d. Lessor's Project Management fees will be 5 percent of (choose one): <input checked="" type="checkbox"/> 1. Total Subcontractors Costs estimated to be \$ 524,624.00 <input type="checkbox"/> 2. Total Subcontractors Costs plus (add basis): \$ _____  e. If other fees are applicable, state what they are in terms of a per usable square foot amount, or if using a percentage, what is 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 SFO's Price Evaluation paragraph. This schedule will be applicable for Tenant Improvements, Building-Specific Security, and change orders during initial construction arising under any resulting lease contract.			Adjustment for Vacant Premises: \$ _1.65_ per ABOA sf HVAC Overtime Rate: \$ _6.70_ per _Hour_ Areas requiring 24 hour HVAC (LAN, etc.) \$ _1.19_ per r sf <b>NOTE: THE COST TO PROVIDE 24 HOUR HVAC SERVICE IS REIMBURSED SEPARATELY FROM RENT. THE COST FOR THESE OVERTIME UTILITIES MUST NOT BE INCLUDED IN THE OFFERED RENTAL RATE OR BASE OPERATING COSTS.</b>  Building's Normal Hours of HVAC Operation: Mon— Fri _7:00 AM to _6:00 PM; Saturday _7:00 AM to _6:00 PM; Application Center and related common areas Sunday _____ AM to _____ PM  Percent of Government Occupancy: _____ 100 % Current Year Taxes: \$ _5,067.00_  Based on fully assessed value? YES X NO Is the offered space part of multiple tax bills? YES X NO If so, provide tax ID numbers and square footage for each. Attach the legal description of the offered property. See Real Estate Tax Section If a site is offered, state the total land costs: \$ _960,495.00			
			28. LIST OF ATTACHMENTS SUBMITTED WITH THIS OFFER (See Solicitation requirements) See Attachment			

29. ADDITIONAL REMARKS OR CONDITIONS WITH RESPECT TO THIS OFFER

See Attachment

## SECTION IV - OWNER IDENTIFICATION AND CERTIFICATION

30. RECORDED OWNER (Name and address including ZIP code) Vin & Toni Hoover Property Management, LLC 13775 N. Nebraska Avenue Tampa, FL 33613			
31. BY SUBMITTING THIS OFFER, THE OFFEROR AGREES UPON ACCEPTANCE OF THIS PROPOSAL BY THE 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 SOLICITATION FOR OFFERS, WITH ATTACHMENTS.			
32. OFFEROR'S INTEREST IN PROPERTY	OWNER  [X]	AGENT  [ ]	OTHER (Specify): XXXXXXXXXX
33. OFFEROR			
a. Tob Trickey, CFO, Vin & Toni Hoover Property Management, LLC 13775 N. Nebraska Avenue Tampa, FL 33613		b. E-MAIL ADDRESS: [REDACTED]	
		c. TELEPHONE NUMBER (Including area code) [REDACTED] extension _____	
d. SIGNATURE 		e. DATE SIGNED 2-5-2013	

Lessor's Annual Cost Statement

1. Solicitation For Offers <b>9VI2017</b>		2. Statement Date <b>2/5/2013</b>	
3. Rentable Area (Sq. Ft.) <b>12,770</b>		3A. Entire Building <b>12,770</b>	3B. Leased By Gov't. <b>12,770</b>
4. Building Name <b>Citizenship and Immigrations Services</b>		Building Street <b>19F Rem. Estate Smith Bay</b>	
City <b>St. Thomas</b>	State <b>US Virgin Islands</b>	Zip Code <b>00804</b>	
<b>Section I- Estimated Annual Cost of Services &amp; Utilities Furnished By Lessor as Part of Rental Consideration</b>			
Services and Utilities	Lessor's Annual Cost For		For Government Use Only ( c)
	Entire Building (a)	Gov't Leased Area (b)	

<b>A. Cleaning, Janitor And/Or Char Service</b>			
5. Salaries	15,962.50	15,962.50	
6. Supplies (Wax, Cleansers, Cloths, etc.)	3,192.50	3,192.50	
7. Contract Services (Window washing, waste and snow removal)	4,086.40	4,086.40	
<b>B. Heating</b>			
8. Salaries	-	-	
9 Fuel ("x" one) ___ Oil ___ Gas ___ Coal Electric	-	-	
10. System Maintenance and Repair	2,554.00	2,554.00	
<b>C. Electrical</b>			
11. Current For Light and Power (Including elevators)	-	-	
12. Replacement of Bulbs, Tubes, Starters	1,277.00	1,277.00	
13. Power For Special Equipment	-	-	
14. System Maintenance And Repair	1,277.00	1,277.00	

Template Name 1217 (Rev 00/00)

Lessor's Annual Cost Statement

1. Solicitation For Offers <b>9VI2017</b>	2. Statement Date <b>2/5/2013</b>
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**Section I- Estimated Annual Cost of Services & Utilities Furnished By Lessor as Part of Rental Consideration**

Services and Utilities	Lessor's Annual Cost For		For Government Use Only ( c)
	Entire Building (a)	Gov't Leased Area (b)	

<b>D. Plumbing</b>			
15. Water (For all purposes) (Include sewage charges)	1,915.50	1,915.50	
16. Supplies (soap, towels, tissues not in 6 above)	-	-	
17. System Maintenance and Repair	2,554.00	2,554.00	
<b>E. Air conditioning</b>			
18. Utilities (Include electricity, if not in C11)	-	-	
19. System Maintenance and Repair	2,554.00	2,554.00	
<b>F. Elevators</b>			
20. Salaries	-	-	
21. System Maintenance and Repair	2,554.00	2,554.00	
<b>G. Miscellaneous</b>			
22. Building Engineer and/or Manager	3,192.50	3,192.50	
23. Security (Watchmen, Guards, Not Janitors)	-	-	
24. Social Security Tax And Workmen's Compensation Insurance	-	-	
25. Lawn and Landscaping Maintenance	11,493.00	11,493.00	
26. Other (Explain on separate sheet)	2,800.00	2,800.00	
<b>27. Total, Section I</b>	<b>55,412.40</b>	<b>55,412.40</b>	

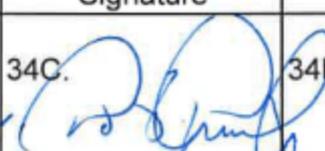
Template Name 1217 (Rev 00/00)

Lessor's Annual Cost Statement

1. Solicitation For Offers <b>9VI2017</b>		2. Statement Date <b>2/5/2013</b>	
		For Government Use Only ( c)	
		Lessor's Annual Cost For	
		Gov't Leased Area (b)	
		Entire Building (a)	
<b>Section II- Estimated Annual Cost of Ownership Exclusive of Capital Charges</b>			
28. Real Estate Taxes	20,500.00	20,500.00	
29. Insurance (Hazard, Liability, etc.)	24,901.50	24,901.50	
30. Building Maintenance And Reserves For Replacement	3,192.50	3,192.50	
31. Lease Commission	(A)	(A)	
32. Management	14,047.00	14,047.00	
<b>33. Total, Section II</b>	<b>62,641.00</b>	<b>62,641.00</b>	

(A): The lease commission is 5%.

Lessor's Certification- The amounts entered in Columns (a) and (b) represent my best estimate as to the annual costs of services, utilities and ownership.

Title	Name	Signature	Date
34A. (Check One) <input checked="" type="checkbox"/> Owner ___ Legal Agent	34B. TOB TRICKSY CFD	34C. 	34D. 2/5/2013
35A. (Check One) ___ Owner ___ Legal Agent	35B.	35C.	35D.

Template Name 1217 (Rev 00/00)

**Line 26-Other, Form 1217-Lessor's Annual Cost Statement**

Vin & Toni Hoover Property Management, LLC

Solicitation # 9VI2017

Date 2/5/2013

1  
2 Security Equipment Maintenance 2,800.00 (A)  
3  
4  
5  
6  
7

2,800.00

(A): To be determined upon acceptance of TI security scope and bids.

**PRE-LEASE BUILDING SECURITY PLAN**

**OFFEROR'S PRE-LEASE BUILDING SECURITY PLAN  
EVALUATION FOR AN OFFICE BUILDING**

The Offeror must complete a report based on a walk through of the building, parking areas, and structure's perimeter that includes the review of windows or window systems, facade protection level, and perimeter evaluation.

The Offeror states, as part of this offer, that the proposed space/building is as described below and contains the identified features and devices. Should this exhibit not provide sufficient space to respond adequately to any question, additional pages should be attached.

BUILDING ADDRESS: 19F Rem. Estate Smith Bay	
BUILDING NAME: Citizenship and Immigrations Services	
BUILDING ADDRESS: Same	
CITY: St. Thomas	
STATE: USVI	
Year Built: New Construction	Year Last Renovated: N/A
<b>SIZE AND LAYOUT</b>	
The following information applies to (check one):	
<input type="checkbox"/> an existing building <input checked="" type="checkbox"/> a building planned for lease construction	
Space offered to Government (By Floor):	
Approximate gross area of typical floor (identify atypical floors individually) 1 <sup>st</sup> fl 4,444; 2 <sup>nd</sup> 8,782	
Building Height in Feet: 42'	
Number of Stories Above Grade 2	
Number of. Stories Below Grade: 0	
<b>OTHER OCCUPANCIES IN BUILDING (Check All That Apply)</b>	
Restaurants:	_____
Laboratories:	_____
Storage:	_____
Retail:	_____
Day Care Center:	_____
Other, list:	Office Space _____

# PRE-LEASE BUILDING SECURITY PLAN

## GENERAL INFORMATION

Provide digital pictures of the building. Include exterior views showing the front of the building and all sides of the building.

Identify the number of stories of the building (above and below grade)

Identify the approximate gross square footage per floor in the building.

Identify the proposed floors offered to the Government to occupy

<u>Exterior Materials</u>	<u>Yes</u>	<u>No</u>
Brick		X
Block		X
Concrete – Precast	X	
Concrete – Poured	X	
Metal Panels	X	
Glass Exterior	X	

Answer each question below, then, identify and discuss measures to be taken to protect and secure utilities.

<u>Question</u>	<u>Yes</u>	<u>No</u>
Is the water supply to the building protected?		
Is the main unit of air/ventilation system accessible to the public?		
Is the wire closet locked?	X	
Is utility access locked?	X	
Is there exterior access to the electric service?		X
Is there exterior access to the gas service?		
Is there exterior access to the water service?		
Is there exterior access to the telephone service?		X
Is there exterior access to any other heating source?		
Is fuel stored within the building?		X
Are there exterior propane fuel tanks?		
For the facilities with exterior propane fuel tanks, are they protected?		

PRE-LEASE BUILDING SECURITY PLAN

PERIMETER INFORMATION

<b>General Public Access</b>	<b>Distance in Feet</b>
Distance in feet from the building to the nearest public street.	130
Distance in feet from the building to the nearest public on-street parking.	
Distance in feet from the building to the nearest public parking lot.	

Provide a site sketch showing perimeter distances. **Previously Submitted**

Describe the building's emergency lighting system. **Battery Backup**

Identify and describe the lighting levels provided at entrances/exits, garages, parking lots or other adjacent areas to the building to discourage "crimes against persons". **Per SFO**

Identify and describe if emergency power is provided within the building. **Per SFO**

If emergency power for life safety systems is provided by generator(s) or UPS systems describe if they are tested and maintained in accordance with NFPA 110 or NFPA 111, as applicable. **TBD**

Identify and describe any garage or parking area control or surveillance systems in place. **Per SFO**

Identify and describe the location of mechanical areas, along with protocol and procedures taken to secure these areas to ensure access by only authorized personnel. **Locked and enclosed.**

Identify and describe roof access and the roof security, along with protocol and procedures taken to secure the roof to ensure access by only authorized personnel. **Per SFO**

Identify and describe alarm/emergency notification system. **Per SFO**

Review and evaluate the occupancy emergency plan. **TBD**

Identify and describe window-glazing system, including, **ALL Per SFO**

- Typical size
- Thickness of panes
- Type of frame
- Type of anchorage
- Number of windows
- Type of glass
- Type of configuration (single-pane, insulated, laminated, etc.)
- Security film thickness (if installed)
- Date film was installed

If the proposed shatter-resistant window film is less than the 0.18 millimeter (7 mil) thickness specified in the SFO, a licensed professional engineer shall complete the evaluation specified below.

## PRE-LEASE BUILDING SECURITY PLAN

### For Build-to-Suit Solicitations and Alternative Blast Mitigation Proposals

A registered Professional Engineer shall complete the evaluations for window glazing and facade protection. The Professional Engineer's stamp (professional license) must be placed on the report.

For Build-to-Suit solicitations, identify and describe window systems in accordance with WINGARD 4.1 or later or WINLAC 4.3 software using the test methods provided in the US General Services Administration *Standard Test Method for Glazing and Window Systems Subject to Dynamic Overpressure Loadings* or F1642-04 *Standard Test Method for Glazing and Glazing Systems Subject to Airblast Loadings* - ASTM International.

For Build-to-Suit solicitations, identify and describe the facade protection level as prescribed by WINGARD 4.1 or later or WINLAC 4.3 software.

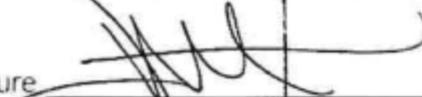
For Build-to-Suit solicitations, identify and describe the distance from the face of the building's exterior to the protected/defended perimeter (i.e., any potential point of explosion), around the complete circumference of the structure's exterior. This would mean the distance from the building to the curb or other boundary protected by bollards, planters or other barrier. All potential points of explosion must be evaluated that could be accessible by any motorized vehicle (i.e. street, alley, sidewalk, driveway, parking lot).

STATEMENT OF PROFESSIONAL ENGINEER

I hereby attest that I have performed an assessment of the subject premises and that the above information is complete and accurate to the best of my knowledge. I have initialed at the bottom of each page. My official stamp, professional license information, and signature are affixed below.

I HAVE INCLUDED FINDINGS, RECOMMENDED CORRECTIVE ACTION(S), AND MADE SPECIFIC REFERENCES TO THE APPLICABLE CODE SECTIONS OR SECURITY REFERENCE DOCUMENTS AS AN ATTACHMENT TO THIS REPORT. SUCH FINDINGS SPECIFICALLY IDENTIFY INSTANCES WHERE THE BUILDING DOES NOT COMPLY WITH THE SPECIFIED CRITERIA, AND RECOMMENDATIONS HAVE BEEN MADE IN ORDER TO RECTIFY THE SITUATION AND ASSURE SUBSTANTIAL COMPLIANCE OF THE BUILDING TO ALL APPLICABLE CRITERIA.

*(if no deficiencies were identified, during the evaluation, please explicitly state so in the findings and recommendations portion of the report.)*

Signature  Date 2-5-13  
Printed Name JOSEPH TORRI  
Name of Firm URBAN ORDER/TAMPA, INC.  
Phone #   
License Number FL 10,095

Stamp Here

TT

PRE-LEASE BUILDING SECURITY PLAN

OFFEROR'S STATEMENT OF CORRECTION

In the event any of the offered space does not meet the minimum specified performance conditions '3b' using the test methods provided in the US General Services Administration Standard Test Method for Glazing and Window Systems Subject to Dynamic Overpressure Loadings or F1642-04 Standard Test Method for Glazing and Glazing Systems Subject to Airblast Loadings - ASTM International, the Offeror shall attach a sheet describing the exact nature of the deficiency and will bring the offered space up to compliance with all applicable criteria to complete at the Offeror's sole cost and expense prior to the Government's acceptance of the offered space under the terms of any prospective lease agreement.

The Offeror shall attest below that the government, may implement all security operating standards. The base building security standards may include additional performance criteria for facade and setback, if feasible.

NOTE: REPORTS SUBMITTED WITHOUT RECOMMENDED CORRECTIVE ACTIONS WILL BE RETURNED WITHOUT REVIEW.

Signature: \_\_\_\_\_

*TOB TRICKEY*

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

*2/5/2013*

Printed Name: \_\_\_\_\_

*TOB TRICKEY*

Title: \_\_\_\_\_

*CFD*

Name of Firm: \_\_\_\_\_

*VIN & TONI HOOVER PROPERTY Mgmt. LLC*