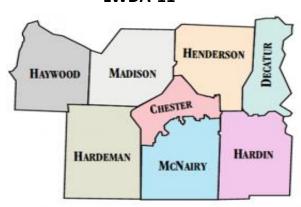
LWDA-11



West Tennessee Workforce Development Board Request for Proposals For Lease of Office Space in Jackson, Tennessee

Evaluation of proposals will be based on lease costs and other quality factors.

If you are interested in offering space as described in this Request for Proposals (RFP), please provide a written response using the "Proposal to Provide Leased Space" included in this RFP as Exhibit A. All proposals, regardless of delivery method, must be complete and signed by the offeror.

Release Date	6/28/2018
Questions RE:	Email: <u>ibell@swhra.org</u>
Deadline for Submission of Proposal	7/13/2018 4:00 p.m.
Award Notification by	7/27/2018

Contracting Entity:

Southwest Human Resource Agency P.O. Box 264 1527 White Avenue Henderson, TN 37340

Contact:

Jimmy Bell, WIOA Director (731) 983-3688 jbell@swhra.org www.westtennesseecareers.org

1. PREFERRED LOCATION:

- Must be on a city bus route with a stop nearby
- Location and building must meet all State certification requirements
- Location must meet all Vocational Rehabilitation regulations

2. SPACE NEEDED:

- A minimum of 7,000 square feet
- Must include a blueprint with all measurements listed
- Must have both visitors and employee bathrooms (men and women)
- Must have reception area with a waiting room
- Must have a computer lab with no less than 12 work stations with internet connections
- Must have a Resource Room with 24 internet equipped work stations
- Must have 4 hard wall offices with a minimum of 120 square feet each
- Must have 20 hard wall or cubicle offices with a minimum of 51 square feet each
- Must have a break/lunch room
- Must have 1 conference room that seats 24
- Must have 1 conference room that seats 10
- Must have 2 storage rooms (one large and one small)
- Must have a large room that will accommodate up to 30 employers for job fairs.
 These are held intermittently but space will have to be available for them. We have had up to 200 job seekers attend these job fairs

3. SPACE PLANS:

• An accurate as-built blueprint of the space, with all measurements listed, will be required from the Lessor and submitted electronically. If accurate as-built blueprint is not available, the Landlord shall bear the expense of having such plans prepared.

4. LEASE TERM:

• Twenty-four (24) months' firm term thereafter month to month until terminated by lessee on 60 days' written notice.

5. LEAST START:

Space must be ready for occupancy on October 1, 2018

6. LEASE RATE:

 The quoted lease rate shall provide for a fully serviced lease including tenant improvements

7. OPERATING EXPENSES:

 Landlord shall be responsible for providing all utilities and building services including maintenance, repairs, landscaping, pest control, custodial services and trash removal

8. PARKING:

• Must have available parking for 125 vehicles

9. SIGNAGE:

 Must provide interior and exterior signage rights to tenant, including building, lobby and suite signage

10. HOURS OF SERVICE:

• Tenant shall have access to the space at all times. The normal workday Monday through Friday is 8:00 a.m. to 4:30 p.m., and all building services shall be regulated to provide for appropriate building conditions between such times

11. TELECOMMUNICATIONS SERVICE (CONNECTIVITY):

The facility will need to be serviced and compatible with requirements of the lessee.
 The cost of this service shall be the subject of initial negotiations and may have a significant impact on the selection of the successful offeror.

12. EVALUATION CRITERIA:

- Location of proposed facility (proximity to city bus stop)
- Efficiency of space
- Lease cost including any lump sum for tenant improvements
- Internet and voice connectivity

13. TENANT IMPROVEMENTS:

 The successful offeror will be asked to design and build the proposed tenant improvements to meet the needs of the AJC partners.

Attachments:

Exhibit A – Proposal Form

EXHIBIT A

PROPOSAL TO PROVIDE LEASED SPACE

Response for REQUEST FOR PROPOSAL (RFP) issued by the West Tennessee Workforce Development Board Area-11, dated May 29, 2018

SUBMITTED BY:
Name of Firm or Person(s):
Address:
City, State, Zip Code:
Name of Preparer:
EMAIL address:
Telephone numbers (office / mobile):
Date of Proposal:
1. FACILITY NAME AND LOCATION:
Name:
Street Address:
City, State, Zip:
2. RENTABLE SQUARE FEET:
Amount of rentable square feet estimated to accommodate the lessee described in the RFP:
Floor(s) that are available:
Square footage for each floor to be occupied:
3. PARKING:
Number of spaces available
Number of spaces available exclusively to lessee
Number of covered spaces

4. FACILITY STATUS: Is the facility (check one):
Existing Under construction To be constructed
IF existing, age of facility:
IF under construction, or to be constructed, projected completion date:
5. BUILDING INFORMATION:
Total number of floors:
Number of floors available for lease:
Approximate usable sq. ft per floor: Average ceiling height:
Does the building contain friable asbestos?
IF YES:
Is the asbestos managed under a plan prepared by a licensed asbestos planner? YES NO
2) Is a copy of the plan available for review? YES NO
6. MONTHLY RENTAL:
State the total monthly rent of the lease:, which is \$ per rentable square foot.
Describe ALL services offered or allowances included, such as utilities, security services, any rent concession, assigned parking, tenant improvements, phone. Internet, cleaning, maintenance, etc.:

7.	ESCALATION, IF ANY: Describe any annual rent escalation:		
8.	SECURITY: Describe facility security and parking security:		
9.	SIGNAGE: Describe interior and exterior signage included, or available:		

10. CONTACT:			
Facility Owner/Agent:			
Street Address:			
City, State, Zip Code:			
Telephone: F	FAX:		
11. EXHIBITS:			
Current floor plan of the space being offered			
12. SIGNATURE OF PROPOSER:			
I	have read the RFP dated,		
and warrant that all statements herein are true a	and correct. I further represent and warrant		
that I am the owner or I am empowered and dul	ly authorized to execute this proposal on		
behalf of the owner of the proposed facilities. Th	his offer will remain in effect at least ninety (90		
days following the deadline for submittals under	r the request for proposals.		
Signature (Owner/Agent)	Date		
Company	<u> </u>		
Please return the form by email, mail or hand	d delivered to:		

West Tennessee Workforce Development Board Attn: Jimmy Bell P.O. Box 264 1527 White Avenue Henderson, TN 38340 (Phone): 731-983-3688

Email: jbell@swhra.org