

THE RHODE ISLAND DEPARTMENT OF ADMINISTRATION

**INVITATION TO SUBMIT LEASE PROPOSALS RELATED TO RENTAL OF
SPACE FOR THE DEPARTMENT OF BEHAVIORAL HEALTHCARE,
DEVELOPMENTAL DISABILITIES AND HOSPITALS
ADULT DAY PROGRAM
AND ASSOCIATED PARKING FACILITIES
LP 151**

The Rhode Island Department of Administration, in order to secure office/day program space for the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, invites lease proposals from interested principals only.

A **mandatory** pre-bid Informational Conference will be held on February 16, 2011.

Mandatory Informational Conference

Date: February 16, 2011
Time: 11:00 a.m.
Location: One Capitol Hill, Providence, R.I.
Conference Room C – Second Floor

A Disclosure Certificate must be included in the proposal package that is submitted to the Department of Administration. Disclosure certificates and the State of Rhode Island Standard Lease Agreement are attached to this document. The Informational Conference / Specifications Booklet can be obtained by contacting John P. Ryan (222-4240) at the R.I. Department of Administration, Office of Property Management.

Lease proposals must offer space that will meet the following space criteria and lease terms/conditions.

1. Located in either the towns of South Kingstown, North Kingstown or Exeter, serviced by public transportation, visible to the public, and in close proximity to major highways.
2. Contain approximately 3,400 square feet of office/customer service space to include the following:
 - Kitchenette area with sink, dishwasher, refrigerator and cabinets
 - Two (2) public handicapped accessible restroom (One of the restrooms must be equipped with a shower stall)
 - One employee handicapped accessible restroom
 - Dining room area
 - Three (3) rooms for specific activities: sensory, crafts/leisure, physical therapy/exercise
 - Storage area
 - Horticulture room (includes ample electrical outlets and sink)

- One Supervisor's office
- Outdoor area for two (2) greenhouses with access to water

***For safety, the facility should be set back a reasonable distance from the main roadway.

A conceptual program layout will be provided at the informational conference.

3. The lessor shall provide a minimum of fifteen (15) parking spaces, which shall be included in the cost per square foot. The preference is to have lighted on-site parking spaces that will contain handicapped spaces as required by code.
4. The lessor shall agree to the terms and conditions set forth in the standard State form lease agreement. (see attached) A copy of the draft lease document will be provided to interested parties prior to the Informational Conference.
5. The lessor provides water, sewer, heat, air conditioning, electricity, snow and ice removal, shared delivery/loading area, fire alarm and sprinkler system, security alarm system, pest control services, building maintenance, trash and rubbish removal, recycling services, telecommunications/data category 6 wiring, window blinds, interior and exterior signage, all of which shall be included in the square foot rental charge. A percentage of the facility must have operable windows and/or include a humidification system as part of the HVAC system. The HVAC system must be tested twice per year to insure adherence to OSHA standards. All of the above-referenced costs must be included in the square foot rental charge.
6. The leased premises are in strict compliance with all the appropriate local, state and federal codes, including but not limited to the Americans With Disabilities Act of 1991, the Rhode Island Fire Code, the Architectural Barriers Act of 1968, the Rehabilitation Act of 1973, and the Rhode Island General Laws, as amended and reenacted (37-8-15) for access for the physically handicapped, and those relating to hazardous substances, hazardous wastes and asbestos abatement.
7. The lessor shall provide architectural and interior design services to develop office layout and renovation for occupancy of the leased premises. All preparations, build-out and/or renovations to the premises shall be provided at no additional cost to the lessee. R.I.Gen Law 37-14.1. et seq (Minority Business Enterprise) shall be applicable to all build-out renovation and/or refurbishing work relating to the leased premises.
8. The space is available for occupancy with build-out renovation and/or refurbishing by the lessor no later than August 1, 2011.
9. Present a lease with the following options:
 - a) a five (5) year term
 - b) a five (5) year option term
 - c) includes a cancellation clause

10. The lessor shall propose level monthly rent payments, all-inclusive for the first term. The rental rate will be negotiated for the option term.
11. The final lease agreement is subject to the final approval of the State Properties Committee and the Rhode Island General Assembly in accordance with RI General Law 37-6-2 (paragraph d), if applicable.

This advertisement does not constitute an offer on the part of the State of Rhode Island, but it is placed in order to invite proposals for the space as described. The Department of Administration reserve the right to reject any and all proposals for any reason deemed not to be in the State's best interest including without limitation the availability of funding.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration

STATE PROPERTIES COMMITTEE
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF DISCLOSURE OF CORPORATION

I, _____, Secretary of _____, under oath make affidavit
(state full name of corporation)

and say that the following, the officers and directors of said _____ corporation,
(identify as business, non-business, professional)

having been duly elected and/or appointed to:

President _____

Vice President _____

Treasurer _____

Secretary _____

State of Incorporation _____

Principle Place of Business _____

DIRECTORS

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

STOCKHOLDERS

Name	Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Property under lease to/from the State of Rhode Island covered by this certificate:

Location: _____

State Offices Occupying Property (if any): _____

In witness whereof I have hereunto set my hand and the seal of the said _____,
(hereunto duly authorized) this _____ day of _____ 20__.

By _____, its Secretary.

STATE OF RHODE ISLAND
COUNTY OF _____

Subscribed and sworn to before me at _____ this _____ day of _____ 20__.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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STATE PROPERTIES COMMITTEE
One Capitol Hill
Providence, RI 02908

CERTIFICATE OF DISCLOSURE OF PARTNERSHIP

- 1. Name of partnership (if any)
2. Type or character of business
3. Location of Principal Place of Business
4. Name of individuals having legal title to the property under lease to the State of Rhode Island: (complete only when subject partnership is landlord)

Four horizontal lines for providing names of individuals having legal title to the property.

- 5. Property under lease to / from the State of Rhode Island covered by this certificate:

Location:

State Offices Occupying Property (if any):

- 6. Name and place of residence of each partner, general and limited partners being respectively designated:

Table with 3 columns: NAME, RESIDENCE ADDRESS, TYPE OF ADDRESS. Includes four horizontal lines for data entry.

I hereby under oath make affidavit in my capacity as a partner and state that this certificate of disclosure is complete, true, and correct.

Signature of Partner Filing Certificate Date

STATE OF RHODE ISLAND

COUNTY OF

Subscribed and sworn to before me at this day of 20

Notary Public

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Administration
State Properties Committee
One Capitol Hill
Providence, RI 02908

CERTIFICATION OF DISCLOSURE OF LIMITED LIABILITY COMPANY

The undersigned hereby certifies to the State Properties Committee under oath that _____, LLC is a limited liability company authorized by the Secretary of State to conduct business in Rhode Island and that the following information is true and accurate:

Business address: _____

Agent for Service: _____
(Name) (Address)

Member(s):

(Name) (Address)

(Name) (Address)

(Name) (Address)

The property under consideration for purchase or lease covered by this certificate is identified as:

IN WITNESS THEREOF, I hereby set my hand this ____ day of _____, 200__.

(Member)

STATE OF RHODE ISLAND
COUNTY OF _____

Signed and sealed before me in the City/Town of _____ on this ____ day of _____, 200__.

NOTARY PUBLIC
My commission expires: