Business Terms Proposal Sheet

Project No. MR-4558 **Respond by May 21, 2014**

1	Landlord Name: _____ Contact Name: _____ Business Address: _____ **E-mail:** _____ Office Phone: _____ Office Fax: _____	
2	**Square Footage Requirements & Location**	Full Building Description: _____ _____ Building RSF: _____ Building Total USF: _____ Loss Factor: _____ Area for Lease: _____ RSF Floor(s) available: _____ Usable Area: _____ SF Address: _____ City: _____, NY County: _____
3	**Lease Term**	_____ years
4	**Base Rental Rate**	Years 1-10 $_____RSF Rent Concession: _____ month(s) rent abatement
5	**Janitorial Service and Green Cleaning**	Included in the Base Rent: Demised Premises cleaned by Landlord. Exterior & common area maintained and cleaned by Landlord. Snow removal, de-icing, exterior lighting by Landlord. Green Cleaning: Please acknowledge Landlord's agreement to implement and maintain the cleaning of the Premises and common areas of the building incorporating green and sustainable practices consistent with Executive Order 4 as it pertains to waste stream management, green cleaning and green procurement utilizing products that minimize potential impacts to human health and the environment (see Lease Section 14). Yes: ___ No: ___ Waste Stream Audit: Please comment on Landlord's ability to assist in the preparation of Tenant's annual mandated waste stream audit for Demised Premises including estimated costs involved. In addition to total waste generated, the audit information will include the amounts and types of recycled materials in the Tenant's annual waste stream including special or hazardous wastes disposed of by the Landlord on behalf of the Tenant (ie fluorescent bulbs). Yes: ___ No: ___ (Please attach separate sheet to comment on level of assistance). Annual Cost (if applicable): _____
6	**Repair and Maintenance**	Included in the Base Rent: Landlord to provide, at its expense, repair and maintenance (normal wear and tear) to the Demised Premises throughout the term.
7	**Redecoration Allowance**	Included in the Base Rent: Tenant requires one complete re-painting of the premises, at Landlord's expense, every five (5) years, and 2 ½ years in areas of high public contact. To include furniture lift and reassembly. Tenant responsible for personal belongings and personal computers.
8	**Landlord's Work**	Included in the Base Rent: Landlord will provide a new building installation based on tenant plans to be developed based on attached space forms. Yes: _____ No _____
9	**Escalations**	Base Taxes and Operating Costs included in the Base Rent: Direct Pass Through of Real Estate Taxes and Operating Escalations. Tenant to pay its proportionate share. Tenant's proportionate share is: _____% Taxes: Base year: First 12 months of Lease Term: Present Taxes: $_____/RSF Operating: Base year: First 12 months of Lease Term: Present Operating: $_____/RSF
10	**Electricity**	Paid for by Landlord: Yes: _____ No _____ Method of Distribution if Tenant pays: Direct meter: ____ Sub-meter: ___
11	**HVAC**	Serviced and maintained by Landlord Heat paid for by Landlord: Yes: _____ No: _____ A/C paid for by Landlord: Yes: _____ No: _____ Description of system/age/heat type: _____ _____
12	**Parking**	Cost included in base rental rate for ____visitor and ____ State-owned spaces, paved, striped & lighted. Number of additional spaces: _____ at $ _____.00/month.
13	**Option to Renew**	Renewal rate PSF: $_____ # of days notice: _____
14	**Access & Security**	Describe security system: _____ _____ _____
15	**Water**	Cold water paid for by Landlord. Fuel for hot water paid for by _____. Hot water equipment supplied & maintained by Landlord.
16	**Telecommunications**	Describe Telecommunications services available at the building: _____
17	**Occupancy**	Anticipated date of occupancy by Tenant: _____
18	**ADA/Life Safety Compliance**	The proposed building and leased premises should comply with all applicable laws and ordinances. Any modifications required to bring building into compliance shall be at Landlord's sole cost.

Please add an additional page for any pertinent information you wish to include.

_____ _____

Authorized Signature Date