INVITATION TO SUBMIT LEASE PROPOSAL NO 4-2034

Orthodontics

The University of Connecticut Health Center (UCHC) is seeking lease proposals that meet the following criteria:

- Dental Office Space: minimum of 6,000 sq. ft. including space for patient waiting areas, administrative space, and space to accommodate 24 dental operatories.
- Proximity to the University of Connecticut Health Center main campus is a prime lease consideration.
- Accessible to handicap individuals.
- Allowances for architectural services and fit-out.
- Availability by January 1, 2009 preferred.
- Minimum lease term of 5 years.

Proposals will be accepted until 3:30 PM on April 7, 2008. Proposals should be made using the “Proposal to Lease Space No. 4-2034” form together with “Bid/Contract Affidavits” and a “Notice of Listing Agreement”, if applicable. Lease proposal information and related forms may be obtained at the following link: https://home.uchc.edu/OnlineBid/Public/ViewPublicProjects.aspx

The submission of a proposal does not bind the University of Connecticut Health Center. The University of Connecticut Health Center reserves the right to reject any and all proposals.

Proposals should be addressed exclusively to

University of Connecticut Health Center
Purchasing Department MC4036
263 Farmington Avenue
Farmington, CT 06032
Attention: 4-2034 - Jennifer Kelley
<table>
<thead>
<tr>
<th>Solicitation Number</th>
<th>Date Due Back</th>
<th>Principal Contact</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>4-2034</td>
<td>April 7, 2008 at 3:30 PM</td>
<td>Jennifer Kelley</td>
<td>860-679-1988</td>
</tr>
</tbody>
</table>

**Owner(s) of the Property as recorded in Town Land Records**

**Property Offered (Street Address, Town)**  
Zoning  
Lot Size

**Frontage (feet)**  
Accessibility to Public Transportation

**Topography of Site**  
Flood Zone and Other Limiting Conditions

**Parking Offered**  
Owned  
On-site  
Parking Garage  
Levels

**Total Spaces Provided**  
Not Owned  
Off Site  
Off Site Location

**Building Offered:** Rental  
Office  
Industrial  
Other

**Year Built**  
**Year Renovated**  
Describe What Renovated

**Complies with ADA?**  
**Other Codes?**

**Type of Structure (e.g. Steel) **  
**Exterior Walls (e.g. Brick) **  
**No. Stories **

**Type of Roof Cover (e.g. shingles) **  
**Age of Roof **  
**Sprinkler System:**  
Wet  
Dry  
None

**Number of Elevators:**  
Passenger  
Freight  
**Load Capacity of Floors**  
**PPSF**

**Security System (e.g. electronic, personnel):**  
Describe

**Heating System:**  
**Type**  
**No. Zones**  
**Fuel**  
**Age (yrs)**  
When updated

**Air Conditioning (if applicable):**  
**Type**  
**No. Zones**  
**Fuel**  
**Age**

**Total Bldg. Gross Sq.Ft. (GSF)**  
**Total Bldg. Net Usable Sq.Ft. (NUSF)**  
**Total NUSF per floor**

(Note: See below for definition of Net Usable Square Feet.)

**Amount of Space Available for Lease:**  
1) _____ NUSF on the _____ Floor  
2) _____ NUSF on the _____ floor  
3) _____ NUSF on the _____ Floor  
4) _____ NUSF on the _____ Floor  
5) _____ NUSF on the _____ floor

---

**Definition of Net Usable Square Feet:** The interior floor area of a building, used for office and other purposes, within the area leased by a tenant which is for its exclusive use: any space shared in common with other tenants, such as, entrance and elevator lobbies; hallways, bathrooms, or used by management for other tenants, such as janitorial or electronic/mechanical closets, is not part of net usable area: if these areas are for the sole use of a tenant, they may be counted in that tenant’s net usable area. The measurement includes structural elements of the building found in the tenant’s space, such as columns and projections necessary to the building but excludes vertical space penetrations of the building such as elevators, stairwells, air shafts and stacks. Measurement of net usable space is to the dominant (over 50%) inside face, such as window glass of the exterior wall; to the midpoint of a wall separating a tenant from an adjacent tenant; and to the inside face of a common corridor, elevator shaft, stairway or similar space.
Proposal:

1. TENANT IMPROVEMENTS:
   Standard allowance for tenant improvements included in Base Rent $ ______________ per NUSF

2. BASE RENT before tenant improvements but including standard allowance $ ______________ Per NUSF per year

3. OPERATING EXPENSES: Who pays for operating expenses?
   - Check One
   - Lessor
   - Lessee
   - Estimated Cost per Sq. Ft.

<table>
<thead>
<tr>
<th>Expense</th>
<th>Lessor</th>
<th>Lessee</th>
<th>Cost per Sq. Ft.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Real Estate Taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Air Conditioning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hot Water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cold Water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janitor Services, Premises</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janitor Services, Common Area</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Window Washing, in/out</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Landscaping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Snow &amp; Ice Removal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rubbish Removal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replacement of burnt-out Ballasts, Tubes &amp; Bulbs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Maintenance/Repairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pest Control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security System (see above)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parking</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Total Base Rent and Operating Expenses paid by Lessee

Other Conditions (such as date space will be available)

 Attach the following to this proposal

1. Recent photograph of property
2. Map of neighborhood showing location of building
3. Typical floor plan
4. Flyer or brochure, if available

CERTIFICATE

I, the undersigned, hereby certify that I am an owner or agent of record for an owner of the property which is being offered in this proposal and that the statements made by me on this proposal are complete and true to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and other penalty imposed by law. (Note: Read this proposal and your answers carefully before signing.) Only signed proposals will be considered. If you are a real estate agent, please include a “Notice of Listing Agreement” authorizing you to present this property. By statute, the State of Connecticut will deal only with owners or their authorized agents. Responses from option holders cannot be considered.

SIGNED __________________________ DATE __________________________
STATE OF CONNECTICUT  
CONSULTING AGREEMENT AFFIDAVIT  
RFP 4-2034

Affidavit to accompany a State contract for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [ Number of Affidavits Sworn and Subscribed On This Day: _____ ]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except for the agreement listed below:

Consultant’s Name and Title

Name of Firm (if applicable)

Start Date

End Date

Cost

Description of Services Provided:

Is the consultant a former State employee or former public official? □ YES □ NO

If YES: ____________________________  __________________________

Name of Former State Agency  Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

___________________________ ___________________________________ __________________

Printed Name of Bidder or Vendor  Signature of Chief Official or Individual  Date

___________________________  __________________________

Printed Name (of above)  Awarding State Agency

Sworn and subscribed before me on this ______ day of ____________, 200__.

___________________________

Commissioner of the Superior Court or Notary Public
INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

☐ I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]

☐ I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]

☐ I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.

IMPORTANT NOTE:

Contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.


_________________________  ______________________
Signature                  Date

_________________________
Printed Name

_________________________
Firm or Corporation (if applicable)

_________________________
Street Address

_________________________  ____________  ____________  ____________
City                     State        Zip

_________________________
Awarding State Agency
Certification to accompany all State contracts, regardless of type, term, cost, or value., pursuant to Connecticut General Statutes §4a-60(a)(1) and § 4a-60a(a)(1), as amended by Public Act 07-245 and Section 9(a)(1) and 10(a)(1) of Public Act 07-142.

(By ______________________ (corporate or other business entity) regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)

I ______________________ (signer’s name)    (signer’s title)
of ______________________ an entity lawfully organized and existing under the laws of (name of entity)
do hereby certify that the following is a true and correct copy (name of state or commonwealth) of a resolution adopted on the ___ day of ____, 20___ by the governing body of ______________________ (name of entity) in accordance with all of its documents of governance and management and the laws of ______________________ and further certify that such resolution has not been modified, rescinded, or revoked, and is at present in full force and effect.

RESOLVED: That ______________________ hereby adopts as is policy (name of entity) to support the nondiscrimination agreements and warranties required under Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREOF, I, the undersigned has executed this certificate this ___ day of _________________ 20___

Print
Name: ______________________
Title: ______________________

________________________ Signature  _______________ Date

Effective June 25, 2007
UNIVERSITY OF CONNECTICUT HEALTH CENTER
NON-DISCRIMINATION CERTIFICATION
RFP 4-2034

Certification to accompany all State contracts, regardless of type, term, cost, or value, pursuant to Connecticut General Statutes §4a-60(a)(1) and § 4a-60a(a)(1), as amended by Public Act 07-245 and Section 9(a)(1) and 10(a)(1) of Public Act 07-142.

(By ___________________________________________ (individual contractor) regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)

I _____________________________________________ (signer’s name) of ___________________________________________ (business address) am entering into a contract (or an extension or other modification of an existing contract) with the State of Connecticut (the “State”) in my individual capacity for ___________________________________________ (If available, insert “Contract No. “ otherwise generally describe goods or services to be provided). In order to induce the State to consummate said contract, I hereby certify that I support the nondiscrimination agreements and warranties required under Connecticut General Statues Sections 4a-60(a)(1) and 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

IN WITNESS WHEREOF, I, the undersigned have executed this certificate this ___ day of ___________________ 20____

Print Name: ___________________________________________

_________________________________ Signature ______________ Date ____________________