



**UNIVERSITY OF KENTUCKY**  
Real Estate Services

**REQUEST FOR PROPOSAL (RFP)**

<b>Invitation Number</b>	<b>RE-0188-23</b>
<b>Issue Date:</b>	<b>10/26/22</b>
<b>Title:</b>	<b>Invitation to Lease Clinical Space (Midwife Clinic) - Lexington, KY</b>
<b>IMPORTANT: PROPOSALS MUST BE RECEIVED BY: November 3, 2022 3:00 P.M. Lexington, KY time.</b>	

**Two copies of response may be made by any person in writing on or before:  
3:00p.m, November 3, 2022**

**and must be sent to:**

**Purchasing Division  
University of Kentucky  
411 South Limestone  
322 Peterson Service Building  
Lexington, Kentucky 40506-0005.  
RE: RE-0188-23**

**Incorrectly addressed envelopes and FAX responses will not be accepted.**

All responses received, before the deadline and properly addressed, will be publicly opened and read at the above designated date and time.

**SIGNATURE REQUIRED:** This proposal cannot be considered valid unless signed and dated by an authorized agent of the offeror. Type or print the signatory's name, title, address, phone number and fax number in the spaces provided. Offers signed by an agent are to be accompanied by evidence of his/her authority unless such evidence has been previously furnished to the issuing office.

<b>NAME OF COMPANY:</b>	<b>FEIN #</b>
<b>ADDRESS:</b>	<b>DUNS #:</b>
<b>CITY, STATE &amp; ZIP CODE:</b>	<b>Phone/Fax:</b>
<b>TYPED OR PRINTED NAME:</b>	<b>E-MAIL:</b>
<b>SIGNATURE:</b>	<b>DATE:</b>

## Background Information

Does the property you are proposing to lease to the University of Kentucky through this Request for Proposal have any other space within this building that is being leased by any agencies of the Commonwealth of Kentucky?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete Agency name, square footage and dollar amount per square foot below.

Agency's Name \_\_\_\_\_

Square Footage \_\_\_\_\_

Dollar Amount per Square Foot \_\_\_\_\_

## Permits, Licenses, Taxes and Commonwealth Registration

The contractor shall procure all necessary permits and licenses and abide by all applicable laws, regulations and ordinances of all federal, state and local governments in which a lease of property is contracted for.

Is your company registered with the Commonwealth of Kentucky Secretary of the State Office to conduct business in the Commonwealth of Kentucky?

Yes \_\_\_\_\_ No \_\_\_\_\_

## Conflict of Interest

This RFP and any resulting lease agreement are subject to provisions of the Kentucky Revised Statutes and the University's Ethical Principles and Code of Conduct regarding conflict of interest. When submitting and signing a proposal, an offeror is certifying that no actual, apparent or potential conflict of interest exists between the University and the offeror.

List name(s) of all individuals who have any ownership in the proposed property listed within.

1. \_\_\_\_\_

5. \_\_\_\_\_

2. \_\_\_\_\_

6. \_\_\_\_\_

3. \_\_\_\_\_

7. \_\_\_\_\_

4. \_\_\_\_\_

8. \_\_\_\_\_

**INVITATION TO LEASE  
OFFICE SPACE**

The University of Kentucky, UKHC , desires to lease approximately 4,500 to 5,000 net square feet of clinical space in the Southeast area of Lexington, KY. The space must be equipped with Windstream high speed internet, and preferably, UK communications systems. There should be plenty of free, available parking and be ready to occupy by December 1, 2022.

Any property selected for lease must meet OSHA specifications, as well as ADA guidelines and all applicable building codes as enforced by the Division of Building Code Enforcement and the University of Kentucky, Fire Marshal. Arrangements will be made to view all properties meeting the general specifications of this lease project. A representative of the Real Property Division will contact you so that an appointment can be made to inspect the proposed facility.

**For any questions regarding this proposal, please contact Rebecca Purcell of the Purchasing Division at 859-257-5479.**

Address of Space (include Suite #): \_\_\_\_\_  
\_\_\_\_\_

Square Footage of the Facility: \_\_\_\_\_

Can Space be subdivided?: \_\_\_\_\_

Name, Address & Phone Number of Property Owner:

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Availability of the Property for Lease \_\_\_\_\_

Cost per Square Foot to Lease \$ \_\_\_\_\_ / Net or Gross

Proposed Length of Lease Term \_\_\_\_\_

**Please include a picture of property and a space plan, if available.**