

Royal Blue Health LLC, for its Ashland Hospital Corporation
d/b/a King's Daughters Medical Center
Real Estate Services

REQUEST FOR PROPOSAL (RFP)

Invitation Number	KD-RE-0110-23
Issue Date:	05/18/23
Title:	Invitation to Lease Clinical Space
IMPORTANT: PROPOSALS MUST BE RECEIVED BY: 05/25/23 3:00 P.M. EST	

Two copies of response may be made by any person in writing on or before:
3:00p.m, 05/25/23.

and must be sent to:

Materials Management
King's Daughters Medical Center
2301 Lexington Avenue, Suite 310
Ashland, KY 41101
Attn: Ed Belville
RE: KD-RE-0110-23

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.

NAME OF COMPANY:	FEIN #
ADDRESS:	DUNS #:
CITY, STATE & ZIP CODE:	Phone/Fax:

TYPED OR PRINTED NAME:	E-MAIL:
SIGNATURE:	DATE:

Background Information

Does the property you are proposing to lease to the King's Daughters Medical Center 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**

Royal Blue Health LLC, for its Ashland Hospital Corporation d/b/a King's Daughters Medical Center, Hematology/Oncology service line desires to lease approximately 5,400 square feet of clinical space in the Portsmouth area. Location is required within 1 mile of King's Daughters Medical Center-Ohio (2001 Scioto Trail Portsmouth, OH). Space must have a minimum of lobby, 3 exam rooms, 2 private treatment rooms, 4 restrooms, 4 offices, an open infusion/treatment space, 1 conference room, 1 lounge/break room 25 paved and lined parking spaces that include handicapped accessible spaces in a well-lit lot in close proximity to the building. Preferred that King's Daughters Telecommunications infrastructure already in place and live as well as covered patient drop off area for ease of access for patients.

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. Arrangements will be made to view all properties meeting the general specifications of this lease project. A representative of the Legal Services Department will contact you so that an appointment can be made to inspect the proposed facility.

For any questions regarding this proposal, please contact Becky Pyles of the Materials Management Department at 606-408-9655.

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 _____

Annual Lease Amount _____