



REQUEST FOR PROPOSAL (RFP)

Invitation Number	RE-0206-24
Issue Date:	2/7/24
Title:	Invitation to Lease Clinical Research Space- Perry County
IMPORTANT: PROPOSALS MUST BE RECEIVED BY: 02/21/2024 3:00 P.M. Lexington, KY time.	

**Two copies of response may be made by any person in writing on or before:
3:00p.m, February 21, 2024.**

and must be sent to:

**Procurement Services
University of Kentucky
411 South Limestone
322 Peterson Service Building
Lexington, Kentucky 40506-0005.
RE: RE-0206-24**

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 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
CLINICAL RESEARCH SPACE**

The University of Kentucky, College of Public Health, Epidemiology and Environmental Health, desires to lease clinical research space in Hazard, Kentucky. The University prefers to partner with an existing and fully equipped ENT Clinic to conduct its research study. The University will also need full access to the clinic's equipment that is necessary for performing head and neck screening exams. The most important pieces of equipment needed are laryngoscopes. Location is preferred within a one-mile radius of the Hazard ARH Regional Medical Center.

Proposals for property must designate:

- The type and location of the property
- Square footage of the facility
- A picture of the exterior of the facility
- Name, address and telephone number of the property owner
- The date of availability of the property for lease and forward same
- Along with a scaled or dimensioned floor plan showing the interior layout of the existing building to include walls, doors, windows, and columns and any other structural considerations that may affect design of the interior space.

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 in Procurement Services at 859-257-5479 or rpurcell@uky.edu.

Type & Location of Property _____

Square Footage of the Facility: _____

Name, Address & Phone Number of Property Owner:

Name: _____

Address: _____

Phone Number: _____

Date of Availability of the Property for Lease _____

Cost per Month to Lease \$ _____

Proposed Length of Lease Term _____