



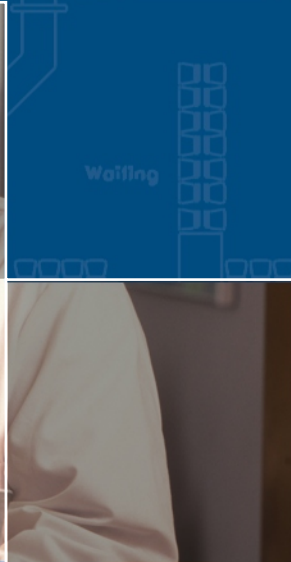
Department of  
Veterans Affairs  
*Office of Facilities Management*

# formsandexamples

JULY 2005

## LEASE BASED OUTPATIENT CLINIC

### APPENDIX A



## Appendix A

### Forms & Examples

Request for Space (GSA Form SF 81)

Advertisement For Space

Advertisement For Land

Advertisement For Construction

Benefit Cost Analysis Instructions and Worksheets

Capital Lease Checklist

Market Survey Form (GSA Form 3627)

Example of Space Program/Space Accounting Summary  
Parameter Summary

Supplemental Lease Agreement (GSA Form 276)

Abstract and Evaluation of Offers

Sample Letter of Intent to Award

Sample Award Letter

Notification Letter to Unsuccessful Offerors

Memo to Assign Resident Engineer as COTR

Letter to Lessor Regarding Designation of COTR

Inspection Report On Work Under Contract (GSA Form  
220)

GSA Public Buildings Service Condition Survey Report  
(GSA Form 1204)

Letter Delegating Authority as Administrative Contracting  
Officer

Lease Renewal Notice

Final Inspection Report

Punch List Instructions & Example

Acceptance of Premises

Transfer Receipt

<b>REQUEST FOR SPACE</b> (See instructions on reverse)	1. DATE	2. AGENCY REQUEST NO.	3. LOCAL AGENCY CONTACT (Name)	PHONE NO.	4. AGENCY MARKET SURVEY REPRESENTATIVE (Name)	PHONE NO.
---	---------	-----------------------	--------------------------------	-----------	---	-----------

5. TO: GENERAL SERVICES ADMINISTRATION PUBLIC BUILDINGS SERVICE	7. FOR: AGENCY ADDRESS ZIP CODE BUREAU CODE
NO., STREET CITY & STATE ZIP CODE	AGENCY NO., STREET CITY & STATE ZIP CODE

8. TYPE OF REQUEST	9a. GEOGRAPHIC SERVICE AREA
<input type="checkbox"/> INITIAL EXPANSION <input checked="" type="checkbox"/> CONTINUING REQUIREMENTS REDUCTION	9b. DELINEATED AREA
10. TERM OF OCCUPANCY	11. TOTAL NO. OF PERSONNEL TO BE HOUSED
FROM (mo. & yr.) TO (mo. & yr.)	

12. SPACE REQUIREMENTS			
TYPE OF SPACE	NO. OF PERSONNEL	SQ. FT. PER PERSON	SQ. FT.
OFFICE			TOTALS
PRIMARY OFFICE AREA			
OFFICE SUPPORT AREA			
a. OFFICE SPACE SUBTOTAL			
b. ST 1 GENERAL STORAGE			
c. ST 2 WAREHOUSE STORAGE			
d. STORAGE SUBTOTAL (Lines b, c)			
e. SP 1 LABORATORY & CLINIC			
f. SP 2 FOOD SERVICE AREA			
g. SP 3 STRUCTURALLY CHANGED			
h. SP 4 AUTOMATED DATA PROCESSING			
i. SP 5 CONFERENCE & TRAINING			
j. SP 6 LIGHT INDUSTRIAL			
k. SP 7 QUARTERS/RESIDENTIAL HOUSING			
l. SPECIAL SUBTOTAL (Lines e-k)			
m. TOTAL SPACE REQUIRED (Lines a, d, & l)			
n. OPEN LAND (Total acres)			
o. ST 2 INSIDE PARKING (No. of spaces)			
p. OUTSIDE PARKING (No. of spaces)			
q. TOTAL PARKING SPACES (Lines o, p)			

13. SPECIAL REQUIREMENTS AND SERVICES (see attached)	
<input type="checkbox"/> ATTACHMENT(S)	
14. AGENCY CERTIFICATION I certify that this request is accurate and complete; is for the minimum amount of space required; is in compliance with FPMR 101-17, including all laws and executive orders governing the location of space; and that funds are available for payment of rent, moving expenses, telecommunication expenses, and any related reimbursable costs.	
SIGNATURE	PHONE NO. DATE
PRINT NAME AND TITLE	
15. FOR GSA USE ONLY (Action by Authorized GSA Official)	
GOV'T CONTROLLED SPACE TO BE ASSIGNED	
NO GOV'T SPACE AVAILABLE LEASING ACTION PLANNED	
UNIQUE AGENCY SPACE DETERMINED - SEE ATTACHED	
AGENCY AUTHORIZED TO ACQUIRE SPACE UNDER ITS OWN AUTHORITY	
COMMENTS ATTACHED	
SIGNATURE OF AUTHORIZED GSA OFFICIAL	PRINT NAME AND TITLE
SPACE REQUEST NO.	DATE RECEIVED
NAME OF GSA REGIONAL CONTACT	
	PHONE NO.

## **INSTRUCTIONS**

### **Submitting the SF-81**

Submit the SF-81 in triplicate, accompanied by a completed SF-81A, Space Requirements Worksheet, Space Requirements Questionnaire and any additional documentation to fully support the agency's space needs. Failure to provide complete and accurate information will delay processing and may result in return of the SF-81 for correction, update, and resubmission.

The SF-81 **must** be submitted by the office which has authority to obligate funds to reimburse GSA for all applicable costs associated with the delivery of space. Agency field components which do not have delegated authority to obligate funds must coordinate submission and approval of the SF-81 with offices which have this authority. A GSA Form 2957, Reimbursable Work Authorization, should be submitted when applicable.

**Item 1.** Date form is prepared.

**Item 2.** Agency established request number.

**Item 3.** Name and phone number of the local agency official who is knowledgeable of the request and will serve as the agency's point of contact for this project.

**Item 4.** Name and phone number of agency representative who will work with GSA if a market survey is conducted. This individual must have the authority to determine acceptability of the building and/or sites and their location.

**Item 5.** GSA regional office which has jurisdiction for geographical area where space is required.

**Item 6.** Name and address of organization making the request.

**Item 7.** Name of agency, and bureau code of the organization which will occupy the space (e.g., regional office, district office, field office) if different than information provided in block 6. City and state where the space is requested.

**Item 8.** Type of request. Initial: A request for new space that is not associated with an existing assignment. Expansion: A request for additional space associated with an existing assignment. Continuing requirements: A space action required for a lease renewal, succeeding lease, lease extension or move. Reduction: A space action that requires regional Real Estate Division effort to effect the partial or total termination of an assignment.

**Items 9a. and 9b.** Geographic/Delineated area that the agency will service. The geographic area (State, city, county, zip code, etc.) for which an agency/bureau has operational responsibility as well as the specific delineated area as identified and justified by the requesting agency. GSA review of the delineated area shall be limited to ensuring that the delineated area will provide adequate competition and the maximum use of existing Government controlled space (see Item 14 Agency Certification).

**Item 10.** Period of time the organization will use the space and the suggested number of years for a firm term period. This time period must be representative of the longest period for which the agency can commit. "Indefinite" and "ASAP" are not acceptable responses.

**Item 11.** Total number of personnel to occupy the requested space. ("Personnel" means the peak number of persons to be housed, regardless of how many workstations are provided for them. In addition to permanent employees of the agency, personnel includes temporaries, part-time, seasonal, contractual employees and budgeted vacancies.)

**Item 12.** This portion of the SF-81 is used to identify agency's square footage requirements by type of space. All information should be supported by a detailed explanation on the Space Requirements Questionnaire and SF-81A.

**Item 12, line a.** This line identifies the Office Space Subtotal. The Office Space Subtotal is determined by entering the amount of space required for the primary office area and adding this to the amount required for the office support area. "Primary Office Area" is the primary people occupied area in which an activity's normal operational functions are performed.

"Office Support Area" refers to the areas constructed as office space and used to meet needs outside the agency's primary work area requirements (e.g., reception, conference, file, libraries, hearing, interview, and secondary work area). Office support areas should be clearly identified on the attached SF-81A and Space Requirements Questionnaire.

**Item 12, lines b, c.** Amount of general and warehouse storage space required. (See Item 12, line o for ST 2 inside parking).

**Item 12, line d.** Total amount of storage space required (Add lines b and c).

**Item 12, lines e-k.** Amount of special space required.

**Item 12, line l.** Total amount of special space required (Add lines e through k).

**Item 12, line m.** Total amount of Office, Storage and Special space required. (Add lines a, d, and l).

**Item 12, line n.** Total acres needed. For amounts less than 1 acre, 1 acre equals 43,560 square feet.

**Item 12, line o, p.** Agency's inside and outside parking requirement. Certification that the parking is necessary for the efficient operation of the agency mission is required. One parking space equals 300 square feet. Please indicate the number of spaces.

**Item 12, line q.** Total parking spaces required. (Add lines o and p).

**Item 13.** This item refers to the specific architectural, mechanical, electrical, structural, and other special requirements related to each of the types of space requested in Item 12. These include security; electrical; HVAC; floor loading; sound conditioning; fire and safety; and the need for after hours building access, utilities, and cleaning services. Such requirements must be fully defined by area, including computer rooms, laboratories, conference rooms, etc. These requirements must be specified in detail on the Space Requirements Questionnaire and SF-81A. Check box in Item 13 to indicate if this information is attached.

### **Agency Certification**

**Item 14.** The certification must be signed by an authorized agency official.

**Item 15.** GSA will evaluate the request in terms of the space available in its inventory and determine the appropriate action. If GSA determines that space requested is unique agency space, GSA will take no action until the agency has concurred with that designation. GSA will assign a space request number which will be used to track the request until it is satisfied.

Name and phone number of the GSA regional official who is knowledgeable of the request and will serve as GSA's point of contact.

**DEPARTMENT OF VETERANS AFFAIRS  
DESIRES TO LEASE SPACE**

The Department of Veterans Affairs desires to lease sufficient rentable square footage to yield \_\_\_\_\_ to \_\_\_\_\_ usable square feet in \_\_\_\_\_, for use as a \_\_\_\_\_. The space must be on no more than \_\_\_ floors and can be provided by new construction or modification of existing space. On-site parking for \_\_\_ vehicles is required. A lease for up to \_\_\_ years will be considered.

Space within or fronting on the following boundaries will be considered:

North - \_\_\_\_\_

West: - \_\_\_\_\_

South: - \_\_\_\_\_

East: - \_\_\_\_\_

A market survey of properties offered for lease will be conducted by VA. Interested offerors (owners, brokers, or their legal representatives) should contact \_\_\_\_\_ by telephone, mail, or e-mail no later than \_\_\_ P.M. (EDST), \_\_\_\_\_, at the following address:

**Real Property Service (183C)  
Office of Facilities Management, Department of Veterans Affairs  
810 Vermont Avenue, N.W.  
Washington, D.C. 20420  
(202) 565-5398  
E-mail: \_\_\_\_\_**

The Government is limited by law (40 USC 278a, as Amended 10-1-81) to pay no more than the appraised fair rental value for space.

**Please note: This advertisement is not a solicitation for offers, nor is it a request for proposals. A solicitation for offers may be issued by the Department of Veterans Affairs at a later date.**

**DEPARTMENT OF VETERANS AFFAIRS (VA)  
DESIRES TO ACQUIRE A SITE FOR  
CONSTRUCTION OF A LEASED OUTPATIENT CLINIC**

VA desires to acquire a no cost, transferable purchase option for a parcel of vacant land upon which an outpatient clinic may be constructed in the delineated area (as indicated below) of [insert at least county and state]. VA will also consider acceptance of a donated site. It is VA's intention to have a private sector entity purchase the land, construct a new building, and lease back to VA on a long-term basis. The offered site must be available for use, capable of accommodating a \_\_\_\_\_ net usable square foot single story building, and provide parking for up to \_\_\_\_ vehicles. The offered parcel must be capable of accommodating a new building with an approximate dimension of 302 feet (length) and 272 feet (width). Properties in the range of \_\_\_\_ to \_\_\_\_ acres are preferred.

To be considered, the site must be within or bounded by the delineated area as follows:

South – \_\_\_\_\_  
East – \_\_\_\_\_  
North – \_\_\_\_\_  
West – \_\_\_\_\_

Offerors must provide evidence that offered properties are outside the 100-year flood plain.

A market survey of offered properties will be conducted by VA staff. Interested offerors (owners, brokers, or their legal representatives) should submit one copy of information concerning their properties to \_\_\_\_\_ or \_\_\_\_\_ by mail, fax, or e-mail no later than \_\_\_\_\_ p.m. on \_\_\_\_\_, at the following:

Department of Veterans Affairs  
Real Property Service (183C)  
Room \_\_\_\_\_  
ATTN: \_\_\_\_\_, Project Manager  
811 Vermont Avenue, NW  
Washington, DC 20005

FAX: \_\_\_\_\_;  
E-Mail: \_\_\_\_\_  
Phone: \_\_\_\_\_;

The Government will pay no more than the appraised fair market rental value for the site.

**THIS ADVERTISEMENT SUPERSEDES THE ONE ISSUED [insert date of previous ad]**

**BE ADVISED THAT VA ASSUMES NO RESPONSIBILITY TO PURCHASE A SITE OR AWARD A LEASE BASED UPON RESPONSES TO THIS ADVERTISEMENT.**

**DEPARTMENT OF VETERANS AFFAIRS  
SEEKS OFFERORS TO CONSTRUCT OUTPATIENT CLINIC  
FOR LEASE TO THE GOVERNMENT**

The VA is seeking offerors to construct an outpatient clinic on a site pre-selected by the Government in the [insert city, county, state] for the relocation and expansion of the existing outpatient clinic. The site is located at [insert location]. VA has obtained an Assignable Option to Purchase approximately [insert acreage] acres from the landowner. The Option to Purchase will be assigned to the successful offeror at the time of award.

The successful offeror will be required to purchase the land at the agreed upon price and construct a clinic with a maximum of [insert nusf] net usable square feet, based on the specifications, special requirements, floor plan and site layout contained in the Solicitation for Offers (SFO) No. V101-183R-\_\_\_\_\_. The building dimensions are approximately \_\_\_\_ feet (length) and \_\_\_\_ feet (width). \_\_\_\_\_ on-site parking spaces are also required by local code. VA will lease the facility for a period not to exceed 20 years.

Interested parties should respond to this announcement by [insert date]. When requesting the SFO, state name, address, phone and fax numbers, e-mail address and solicitation number. A \$50.00 nonrefundable fee, payable by check or money order to the Department of Veterans Affairs, Agent Cashier, will be made for the SFO and shall accompany the request. Requests for the SFO shall be forwarded to:

Department of Veterans Affairs  
Real Property Service (183C)  
ATTN: \_\_\_\_\_, Project Manager  
810 Vermont Avenue, NW  
Washington, DC 20420

Telephone: \_\_\_\_\_  
FAX: \_\_\_\_\_  
e-mail: \_\_\_\_\_

Upon issuance of the SFO by the Contracting Officer, offerors will have 45 days to provide an offer. All responsible and qualified sources may submit an offer, which shall be considered by the Department of Veterans Affairs.

**RESPONDENTS ARE ADVISED THAT THE VA ASSUMES NO RESPONSIBILITY TO  
AWARD A LEASE BASED UPON RESPONSES TO THIS ADVERTISEMENT**

## **INSTRUCTIONS FOR PERFORMING A BENEFIT COST ANALYSIS (BCA)**

### **A. Benefit Cost Analysis (BCA)**

The following worksheets are sample formats for use in developing a Benefit Cost Analysis. Three acquisition options must be compared: leasing, purchasing, or constructing space. Use the following instructions for completing the worksheets:

**The Leasing Alternative** - Listed below are detailed explanations of the assumptions and inputs for Worksheet 1:

Line 1 - Firm Term - from the Space Requirements Package (SRP);

Line 2 - Renewal Term - from the SRP. Not all agency missions require a renewal term. Some may even require multiple renewal terms. For the scope of the BCA, assume that all of the required renewal-term options are exercised. Adjust the number of years of this analysis as required.

Line 3 - Holding Period - Line 1 plus Line 2;

Line 4 - Discount Rate - The discount rate is the rate at which future cash flows will be reduced to present value or today's dollars. This may be obtained from the Fiscal Officer and represents VA's cost of funds.

Line 5 - Total Usable Square Feet (USF) - from the SRP;

Line 6 - Common Area Factor - This is unique to each building and represents the percentage by which the USF must be increased to include the building's common areas such as elevator lobbies and public corridors. It is the percentage by which the USF are increased to equal the rentable square feet (RSF). The reason USF must be converted to RSF is that VA purchases space in units of USF, but most lessors and landlords sell or lease space in units of RSF. Landlords and lessors sell their product by the RSF so that they may recover the costs of common areas which are used in common with all tenants but which cannot be leased to generate rental income.

The CO obtains this factor by surveying knowledgeable sources in the marketplace and determining a typical common area factor for the type of buildings that will best satisfy the requirement. For example, in some markets, a common area factor of 17% is typical on multi-tenanted floors of modern, high-rise office towers. The common area factor for single tenant floors in the same type of building may equal only 7%. A common area factor of 0% may apply to building in which one tenant occupies the entire building.

Line 7 - Total RSF - Multiply Line 5 by the sum of 1 plus Line 6.



Line 8 - Lump Sum Cost of Alterations - Consult with representatives of the local engineering element and local contractors who are familiar with VA contracting and the type of alterations required by the specifications.

Line 9 - Market Comparable Average Annual Gross Rent - This represents the total annual rent paid to the landlord. In certain markets and for certain buildings, this may include all services such as janitorial and utilities or only some services. Determine exactly which services are included in the rent. Market comparable average annual rents may be obtained from knowledgeable sources such as brokers, agents, industry publications, GSA, and other Federal agencies with delegated leasing authority. If the rent is stated in terms of dollars per rentable square foot (\$/RSF), then the rental rate must be converted into dollars per USF. To do this use the following formula:

$$[\text{Rent in \$/RSF}] \times [1 + \text{Common Area Factor}] = [\text{Rent in \$/USF}]$$

Results of this informal survey may be recorded on GSA Form 2991, Lease Market Survey (see Appendix D) for convenience.

Line 10 - Market Comparable Cost of Landlord Provided Services - This is an estimate of the cost of services provided by the lessor and included in the rent. An estimate of these costs may be obtained by determining what a third party contractor would charge for similar services in that marketplace. Calculate the total annual charge for those services and then divide that total annual charge by the Line 5, Total USF. Consult with Engineering Service and landlords in the marketplace to determine this number. Any costs stated as \$/RSF must be converted to \$/USF using the formula for Line 9.

Line 11 - Average Annual Net Rent - Line 9 plus Line 10.

Line 12 - Cost of VA-Provided Services - VA often requires and contracts for its utilities independent of the lessor. Obtain an estimate of this cost from Engineering Service. Determine the annual cost of these services and divide that cost by the total USF.

Line 13 - Total Cost of Services and Utilities - Line 10 plus Line 12.

Line 14 - Annualized Cost of Lump Sum Alterations - This is a straight-line annualized allocation of VA's cost of alterations. Non-Government tenants sometimes finance this cost. For the purposes of this calculation, the VA will not be financing the cost of alterations. Calculate this number by dividing the total cost of alterations by the number of years on the holding period and then divide that number by the total number of USF.

$$\begin{aligned}
 \text{[Annualized Cost of Lump Sum Alterations]} &= \frac{\text{[Lump Sum Cost of Alterations]}}{\text{[Total USF]}} \times \frac{1}{\text{[Holding Period]}} \\
 &= \frac{\text{[Line 8, Worksheet 1]}}{\text{[Line 5, Worksheet 1]}} \times \frac{1}{\text{[Line 3, Worksheet 1]}}
 \end{aligned}$$

Line 15 - Total Annual Cost to VA - Line 11 plus Line 13 plus Line 14.

Second Column - Present Value - For each row in the worksheet, with the exception of Line 14, the annual costs are discounted at the discount rate to determine the present value of the future costs. This calculation is easily completed on a financial calculator or in a personal computer spreadsheet software program. COs may also consult with the Fiscal Officer to complete this calculation. For Line 14, Annualized Cost of Lump Sum Alterations, do not discount the annual costs, as these annual costs are the average of the Lump Sum Cost of Alterations over the Holding Period. The present value of the Annualized Cost of Lump Sum Alterations will be a meaningless number. Rather than discounting, simply use formula listed above for Line 14.

**The Purchase Alternative** - To analyze this alternative, the CO completes form entitled Worksheet 2 - Purchase Analysis. Listed below are detailed explanations of the assumptions and inputs for Worksheet 2:

Line 1 - Firm Term - from Line 1 from Worksheet 1;

Line 2 - Renewal Term - Line 2 from Worksheet 1;

Line 3 - Line 1 plus Line 2;

Line 4 - Discount rate - Line 4 from Worksheet 1;

Line 5 - Total USF - Line 5 from Worksheet 1;

Line 6 - Add-on Factor to Obtain Gross Square Feet - This is unique to each building and represents the percentage by which the USF must be increased to include not only the building's common areas such as elevator lobbies and public corridors but also the building's structural elements. When thinking of gross square feet of a floor, think of the area of a concrete slab at grade level extending out to the farthest edges of the building. The CO obtains this percentage by consulting with Engineering Service and surveying knowledgeable sources in the marketplace, such as developers, architects, and landlords. An Add-on Factor of 30%-50% may be typical of a modern, high-rise office building with a full-height atrium and underground parking. Ten to fifteen percent may be typical for single-story, single-tenant occupied buildings;

Line 7 - Gross Square Feet - Multiply Line 5 by the sum of 1 plus Line 6;

Line 8 - Present Value of Total Cost of Services & Utilities per USF - Second Column of Line 13, Worksheet 1;

Line 9 - Lump Sum Cost of Alterations per USF - Line 8, Worksheet 1 divided by the Total USF, which is Line 5, Worksheet 1;

Line 10 - Market Comparable Purchase Price - This is an estimate of the current market purchase price of buildings similar in size, age, quality of construction, and location to that which would best satisfy the space requirements. The CO should obtain comparable asking and sales prices for real property from knowledgeable sources such as brokers, agents, owners, industry publications and databases, GSA, and other Federal agencies with delegated leasing authority. The market comparable purchase price will be stated in terms of dollars per gross square foot of building (\$/GSF);

Line 11 - Total Market Comparable Purchase Price per GSF - Line 7 multiplied by Line 10, divided by Line 5;

Line 12 - Total Cost to Purchase Real Property - Line 9 plus Line 11 - This number represents the cost of purchasing the real property added to the cost of alterations;

Line 13 - Present Value per USF of Real Property's Residual Value at the end of the Holding Period - In order to compare leasing with purchasing or construction, the ownership position of VA at both the beginning and the end of the analysis period must be identical. In this instance, VA is presumed to begin and end the analysis period with no interest in real property. In the case of a lease, VA will have no interest after the lease expires. VA will still own improved real property at the end of the Holding Period in the cases of a purchase or construction. The remedy is for the analysis to anticipate the sale of the real property. The net proceeds from such a sale must then be discounted back to the present. The CO should consult with the local Fiscal Office if unsure of the manner in which to complete this calculation;

Line 14 - Net Cost to Purchase and Occupy Real Property - Line 12 plus Line 8 minus Line 13.

**The Construction Alternative** - To analyze this alternative, the CO completes Worksheet 3 - Construction Analysis. Listed below are detailed explanations of the assumptions and inputs for Worksheet 3:

Line 1 - Firm Term - from Line 1, Worksheet 1;

Line 2 - Renewal Term - Line 2, Worksheet 1;

Line 3 - Line 1 plus Line 2;

Line 4 - Discount rate - Line 4, Worksheet 1;

Line 5 - Total USF - from Line 5, Worksheet 1;

Line 6 - Add-on Factor to Obtain Gross Square Feet - Line 6, Worksheet 2;

Line 7 - Gross Square Feet multiply Line 5 by the sum of 1 plus Line 6;

Line 8 - Present Value of Total Cost of Services and Utilities per USF - Line 8, Worksheet 2;

Line 9 - Lump Sum Cost of Alterations - Line 8, Worksheet 1. See explanation for Line 8, Worksheet 1. Please note that this number is stated in terms of dollars, not dollars per GSF;

Line 10 - Estimated Construction Cost of Shell - This number is obtained from discussion with Engineering Service and knowledgeable sources (see Paragraph 4). Please note that this number is stated in terms of dollars per GSF (\$/GSF);

Line 11 - Total Construction Cost of Shell - Line 7 multiplied by Line 10. Please note that this number is stated in terms of dollars, not dollars per GSF;

Line 12 - Purchase Price of Land - This is the cost of the minimum-size parcel on which improvements can be constructed to satisfy VA's space requirements. Consult with Engineering Service, knowledgeable sources, and local zoning officials to determine the size and price of such a parcel (see Paragraph 4). Please note that this number is stated in terms of dollars, not dollars per USF;

Line 13 - Total Cost of Construction - Line 9 plus Line 11 plus Line 12. Please note that this number is stated in terms of dollars, not dollars per USF;

Line 14 - Present Value of Real Property's Residual Value at the end of the Holding Period - Line 13, Worksheet 2 multiplied by Line 5. Please note that this number is stated in terms of dollars, not dollars per USF;

Line 15 - Net Cost to Construct Improved Real Property - Line 13 minus Line 14;

Line 16 - Net Cost to Construct and Occupy a Building per USF - Line 15 divided by Line 5 plus Line 8].

## Worksheet 1 – Lease Analysis

### Assumptions

- |                           |       |       |                                     |          |     |
|---------------------------|-------|-------|-------------------------------------|----------|-----|
| 1. Firm Term (years)      | _____ | Years | 5. Total Usable Square Feet (USF)   | _____    | USF |
| 2. Renewal Term (years)   | _____ | Years | 6. Common Area Factor (%)           | _____    | %   |
| 3. Holding Period (years) | _____ | Years | 7. Total Rentable Square Feet (RSF) | _____    | RSF |
| 4. Discount Rate (%)      | _____ | (%)   | 8. Lump Sum Cost of Alterations     | \$ _____ |     |

Years of Occupancy	Present Value	Cost to VA During Each Year of Firm Term										Cost to VA During Each Year of Renewal Term				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
9. Market Comparable Average Annual Gross Rental Rate (\$/USF)																
10. Less: Market Comparable Cost of Landlord Provided Services (\$/USF)																
11. EQUALS: Average Annual Net Base Rent (\$/USF) [Line 9 - Line 10]																
12. Cost of VA Provided Services and Utilities (\$/USF)																
13. Total Cost of Services and Utilities (\$/USF) [Line 10 +Line 12]																
14. Annualized Cost of Lump Sum Alterations (\$/USF)																
15. Total Annual Cost to VA (\$/USF) [Line 11 + Line 13 + Line 14]																

## **Worksheet 2 - Purchase Analysis**

### **Assumptions**

1. Firm Term (years)  
[Line 1, Worksheet 1] \_\_\_\_\_ Years
2. Renewal Term (years)  
[Line 2, Worksheet 1] \_\_\_\_\_ Years
3. Holding Period (years)  
[Line 1 + Line 2] \_\_\_\_\_ Years
4. Discount Rate  
[Line 4, Worksheet 1] \_\_\_\_\_ %
5. Total USF  
[Line 5, Worksheet 1] \_\_\_\_\_ USF
6. Add-on Factor to obtain Gross Square Feet  
\_\_\_\_\_ %
7. Gross Square Feet  
[Line 5 multiplied by (1 + Line 6)] \_\_\_\_\_ GSF
8. Present Value of Total Cost of Services & Utilities per USF  
[from Second Column, Line 13, Worksheet 1] \$ \_\_\_\_\_ /USF
9. Lump Sum Cost of Alterations per USF  
[Line 8, Worksheet 1 divided by Line 5 above] \$ \_\_\_\_\_ /USF
10. Market Comparable Purchase Price  
\$ \_\_\_\_\_ /GSF
11. Total Market Comparable Purchase Price  
[Line 7 x Line 10 divided by Line 5] \$ \_\_\_\_\_ /USF
12. Total Cost to Purchase Real Property  
[Line 9 + Line 11] \$ \_\_\_\_\_ /USF

13. Present Value per USF of Real Property's Residual Value at the end of the Holding Period.

\$\_\_\_\_\_/USF

14. Net Cost to Purchase and Occupy Real Property  
[Line 12 plus Line 8 minus Line 13]

\$_____/USF
-------------

### **Worksheet 3 - Construction Analysis Worksheet**

#### **Assumptions**

1. Firm Term (years)  
[Line 1, Worksheet 1] \_\_\_\_\_ Years
2. Renewal Term (years)  
[Line 2, Worksheet 1] \_\_\_\_\_ Years
3. Holding Period (years)  
[Line 1 + Line 2] \_\_\_\_\_ Years
4. Discount Rate  
[Line 4, Worksheet 1] \_\_\_\_\_
5. Total Usable Square Feet  
[Line 5, Worksheet 1] \_\_\_\_\_ USF
6. Add-on Factor to obtain Gross Square Feet. [Line 6, Worksheet 2] \_\_\_\_\_ %
7. Gross Square Feet  
[Line 5 multiplied by (1+ Line 6)] \_\_\_\_\_ GSF
8. Present Value of Total Cost of Services and Utilities per USF  
[Line 8, Worksheet 2] \$ \_\_\_\_\_ /USF
9. Lump Sum Cost of Alterations  
[Line 8, Worksheet 1] \$ \_\_\_\_\_
10. Estimated Construction Cost of Shell  
\$ \_\_\_\_\_ /GSF
11. Total Construction Cost of Shell  
[Line 7 x Line 10] \$ \_\_\_\_\_
12. Purchase Price of Land  
\$ \_\_\_\_\_
13. Total Cost of Construction  
[Line 9 plus Line 11 plus Line 12] \$ \_\_\_\_\_



14. Present Value of Real Property's  
Residual Value at the end of the Holding  
Period. \$ \_\_\_\_\_  
[Line 13, Worksheet 2 multiplied by Line  
5]

15. Net Cost to Construct and Improve  
Real Property [Line 13 minus Line 14]

\$ \_\_\_\_\_

16. Net Cost to Construct and Occupy  
a Building per Usable Square Feet  
[ The amount of Line 15 divided by  
Line 5 plus the amount of Line 8]

\$ _____/USF
--------------

*Worksheet 4 - Summary of Cost Benefit Analysis*

1. Total net cost to lease and occupy  
real property \$ \_\_\_\_\_/USF  
[Second Column, Line 15 of Worksheet  
1]
2. Total net cost to purchase and  
occupy real property \$ \_\_\_\_\_/USF  
[Line 14 of Worksheet 2]
3. Total net cost to construct and  
occupy real property \$ \_\_\_\_\_/USF  
[Line 16 of Worksheet 3]

Based upon the results of the Benefit Cost Analysis, the space acquisition alternative that is most advantageous to VA is:

- [  ] Leasing and occupying real property.
- [  ] Purchasing and occupying improved real property.
- [  ] Constructing and occupying real property.

## CAPITAL LEASE CHECKLIST

This format is used to determine whether a lease action should be considered to be a capital lease.

If the response to any of the following questions is "yes," then the subject action must be considered a capital lease.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Ownership of the asset transfers to the Department of Veterans Affairs (VA) during the term of the lease or shortly after the end of the lease period.
<input type="checkbox"/>	<input type="checkbox"/>	Lease contains a bargain-price purchase option.
<input type="checkbox"/>	<input type="checkbox"/>	VA accepts all risks of ownership responsibility for destruction or loss of the property.
<input type="checkbox"/>	<input type="checkbox"/>	Lease term exceeds 75 percent of the estimated economic life of the asset.
$\frac{\text{Lease Term} \quad \underline{\hspace{2cm}} \text{ Years}}{\text{Economic Life} \quad \underline{\hspace{2cm}} \text{ Years}} =$		
Percentage $\underline{\hspace{2cm}}$ %		
<input type="checkbox"/>	<input type="checkbox"/>	Present value of the minimum lease payments over the life of the lease exceeds 90 percent of the fair market value of the building at the inception of the lease.
$\frac{\text{Present Value (PV) of Lease Payments} \quad \$ \underline{\hspace{2cm}}}{\text{Fair Market Value (FMV) of Building} \quad \$ \underline{\hspace{2cm}}} =$		
Percentage $\underline{\hspace{2cm}}$ %		
<input type="checkbox"/>	<input type="checkbox"/>	The building is not a general purpose building but is designed for special purpose of the VA and is built to unique specification of the VA as Lessee
<input type="checkbox"/>	<input type="checkbox"/>	There is no private sector market for the building.
<input type="checkbox"/>	<input type="checkbox"/>	The building is constructed on Government land.

## **MARKET SURVEY FORM - GSA FORM 3627**

GSA developed the Market Survey Form for use in SLAP leasing actions. This form should be used by VA COs for **all** market surveys. The **CO** prepares the Form 3627. The form is used to determine whether space meets or may be modified to meet space requirements.

I. REQUIREMENTS		II. BUILDING SURVEYED	
1. DELINEATED AREA	2. BOMA USABLE SQUARE FEET REQUIRED	6. BUILDING NAME AND LOCATION	
		7. OWNER OR AGENT NAME AND ADDRESS	
		8. TELEPHONE NO. OF OWNER/AGENT: (        )	
3. CLIENT AGENCY		9. SPACE AVAILABLE	
4. SPECIAL REQUIREMENTS <i>(If any)</i>		A. FLOOR(S)	B. AMOUNT (Rentable Sq. Ft.)
		5. SELECTION FACTORS OTHER THAN PRICE <i>(If applicable)</i>	
		10. NEIGHBORHOOD DESCRIPTION	

III. ASKING PRICE AND TERMS			
11. RENT	A. PER ANNUM \$	B. PER RENTABLE SQ. FT. \$	C. MEASUREMENT USED FOR QUOTE
12. SERVICES INCLUDED IN RENT		<input type="checkbox"/> FULL <input type="checkbox"/> PARTIAL <i>(State below what is excluded.)</i>	
13. TENANT IMPROVEMENTS INCLUDED IN RENT			
14. COMMENTS			
<b>Place PHOTOGRAPH Here</b>			

IV. DECISION TO CONSIDER FOR NEGOTIATION	
15. <input type="checkbox"/> WILL CONSIDER THIS BUILDING FOR NEGOTIATION. IT MEETS OR CAN MEET THE REQUIREMENTS OF THE CLIENT AGENCY.	
16. <input type="checkbox"/> WILL NOT CONSIDER THIS BUILDING FOR NEGOTIATION. IT DOES NOT MEET OR CANNOT MEET THE REQUIREMENTS OF THE CLIENT AGENCY FOR THE FOLLOWING REASONS:	
17. THE CLIENT AGENCY REPRESENTATIVE PRESENT ON THE MARKET SURVEY	
<input type="checkbox"/> AGREES WITH THE ABOVE DECISION. <input type="checkbox"/> DOES NOT AGREE WITH THE DECISION BECAUSE:	

18A. SIGNATURE OF AGENCY REPRESENTATIVE	18B. TITLE OF AGENCY REPRESENTATIVE	18C. DATE
19A. SIGNATURE OF GSA REPRESENTATIVE	19B. TITLE OF GSA REPRESENTATIVE	19C. DATE

**V. BUILDING DESCRIPTION**

ITEM	CONDITION	YES	NO
20. GENERAL	<input type="checkbox"/> A. NEW <input type="checkbox"/> B. OLDER, WELL MAINTAINED <input type="checkbox"/> C. OLDER, POORLY MAINTAINED		
21. TRANSPORTATION ACCESS	A. PARKING AVAILABLE ON SITE		
	B. PUBLIC PARKING IN VICINITY		
	C. SERVED BY PUBLIC TRANSPORTATION		
22. INTERIOR WALLS	A. TYPE <input type="checkbox"/> DRYWALL <input type="checkbox"/> OTHER ( <i>Specify</i> ) <input type="checkbox"/> PLASTER		
	B. ACCEPTABLE COVERING IN OFFERED AREA		
23. LIGHTING	A. ADEQUATE IN PUBLIC AREAS		
	B. ADEQUATE IN WORK AREAS		
24. CEILINGS	A. UNIFORM HEIGHT ( <i>8' to 11'</i> )		
	B. SUSPENDED		
	C. FINISH <input type="checkbox"/> ACOUSTICAL <input type="checkbox"/> OTHER ( <i>Specify</i> ) <input type="checkbox"/> PLASTER <input type="checkbox"/> TILE		
25. WINDOWS	A. IN SPACE <input type="checkbox"/> FIXED <input type="checkbox"/> CAN OPEN                          B. COVERING <input type="checkbox"/> BLINDS <input type="checkbox"/> OTHER ( <i>Specify</i> ) <input type="checkbox"/> DRAPES		
	A. TYPE <input type="checkbox"/> CARPET <input type="checkbox"/> OTHER ( <i>Specify</i> ) <input type="checkbox"/> VINYL		
26. FLOOR COVERING	B. EXISTING ACCEPTABLE FOR OCCUPANCY		
27. RESTROOMS	A. SEPARATE FACILITIES FOR WOMEN AND MEN ON FLOOR(S) OFFERED		
	B. EXISTING ACCEPTABLE		
28. DRINKING FOUNTAINS	EXISTING ACCEPTABLE		
29. ELEVATORS	A. TYPE <input type="checkbox"/> PASSENGER <input type="checkbox"/> FREIGHT		
	B. CURRENT CERTIFICATE OF INSPECTION		
30. HEATING	A. TYPE <input type="checkbox"/> CENTRAL <input type="checkbox"/> INDIVIDUAL UNITS		
	B. FUEL <input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> ELECTRIC <input type="checkbox"/> OTHER ( <i>Specify</i> )		
31. AIR CONDITIONING	TYPE <input type="checkbox"/> CENTRAL <input type="checkbox"/> INDIVIDUAL WINDOW UNITS		
32. ACCESSIBLE TO HANDICAPPED	A. ROUTE TO AND WITHIN THE BUILDING		
	B. ENTRANCE AND ELEVATORS		
	C. DRINKING FOUNTAINS AND RESTROOMS		
33. COMMENTS			

**//EXAMPLE OF// Space Program/Space Accounting Summary**

Department	Program Net Area NSF	Designed Net Area NSF	Variance	Program		Designed Dept. Gross DGSF	Actual Ratio Dept. Gross /Net	Building Gross Area BGSF
				Conversion	Dept. Gross DGSF			
Primary Care	10,725	10,500	-225	1.65	18,196	18,000	1.71	
Audiology		0	0	1.55	0		0.00	
Canteen Service		0	0	1.20	0		0.00	
Cardiovascular Laboratories		0	0	1.50	0		0.00	
Dental Service		0	0	1.55	0		0.00	
EEG Laboratory		0	0	1.50	0		0.00	
Engineering Service		0	0	1.30	0		0.00	
Laboratory and Pathology Service		0	0	1.40	0		0.00	
Pharmacy Service		0	0	1.30	0		0.00	
Pulmonary Medicine		0	0	1.40	0		0.00	
Radiology Service		0	0	1.60	0		0.00	
Rehab Medicine Service		0	0	1.35	0		0.00	
Surgical Service		0	0	1.70	0		0.00	
<b>Department Total</b>	<b>10,725</b>	<b>10,501</b>	<b>-224</b>		<b>18,196</b>	<b>18,000</b>		
Appearance of faulty numbers is result of rounding. Certain numbers derive from another Excel spreadsheet--Space Program, Room Finish, Door and Hardware Schedule. Refer to Part V Schedule C of the Template SFO.								

SPACE PROGRAM/SPACE ACCOUNTING SUMMARY --1 of 1

## PARAMETER SUMMARY

Project number: \_\_\_\_\_  
 Host VAMC: \_\_\_\_\_  
 Date created: \_\_\_\_\_ Date last updated: \_\_\_\_\_  
 Project type (1=Lease, 0=New Construction) 1  
 Clinic type (1=Independent, 0=Satellite) 1  
 Full-time VAMC employees \_\_\_\_\_  
 Total net area of the institution: \_\_\_\_\_  
 Total net usable square feet for the lease: \_\_\_\_\_ 0 Name of Project Planner: \_\_\_\_\_

### PROGRAM DATA REQUIRED

**Projected Annual Outpatient Visits**  
 C & P \_\_\_\_\_  
 10-10 \_\_\_\_\_  
 All Other \_\_\_\_\_  


---

 Total Outpatient Visits 0

**Total Projected Annual Clinic Stops for Area**  
 Dermatology \_\_\_\_\_  
 Gastroenterology \_\_\_\_\_  
  
 Oncology \_\_\_\_\_  
 Medicine \_\_\_\_\_  
 Primary \_\_\_\_\_  
 Preventive \_\_\_\_\_  
 Geriatric \_\_\_\_\_  
 Women's Health/GYN \_\_\_\_\_  
 Emergency/Admitting \_\_\_\_\_  
 Neurology \_\_\_\_\_  
 Rehabilitation \_\_\_\_\_  
 Dental \_\_\_\_\_  
 Audiology \_\_\_\_\_  
 Speech Pathology \_\_\_\_\_  
 Adult Day Health Care \_\_\_\_\_  
  
 Dialysis \_\_\_\_\_  
 Home Dialysis \_\_\_\_\_  
 Surgery \_\_\_\_\_  
 Orthopedics \_\_\_\_\_  
 Urology \_\_\_\_\_  
 Podiatry \_\_\_\_\_  
 Eye \_\_\_\_\_  
 Surgery Support \_\_\_\_\_  
 Substance Abuse - Individual \_\_\_\_\_  
 Mental Health - Individual \_\_\_\_\_  
  
 Substance Abuse - Group \_\_\_\_\_  
 Mental Health - Group \_\_\_\_\_  
 Day Treatment \_\_\_\_\_

**Projected Annual Outpatient prescriptions:** \_\_\_\_\_  
  
 Level of Urgent Care (Basic=1, Expanded=2) \_\_\_\_\_  
 Will Phototherapy be done in \_\_\_\_\_  
 Dermatology (Y=1, N=0) \_\_\_\_\_  
 Will Chemotherapy Treatment be provided? (Y or N) \_\_\_\_\_  
 Will Cast Clinic be sched. on Weekly Basis?(Y or N) \_\_\_\_\_  
 Is Clinic Based Home Care Approved? (Y or N) \_\_\_\_\_  
 Is Geriatric Evaluation Unit Approved? (Y or N) \_\_\_\_\_  
 Systems Furniture? (Y or N) \_\_\_\_\_  
     Medical Information Section \_\_\_\_\_  
     Transcription Unit \_\_\_\_\_  
 Will AMIE System be Used? (Y or N) \_\_\_\_\_  
  
 Projected Linear Feet of Medical Records \_\_\_\_\_

### STAFFING FOR AMBULATORY CARE

**MAS AMBULATORY CARE**  
 Clerks assigned to Cntrl Receptn \_\_\_\_\_  
 MAS Supervisor (Amb Care) \_\_\_\_\_  
 Health Benefits Advisor (Patient Svcs Assist) & Tm Ldr \_\_\_\_\_  
 Clerks, Travel \_\_\_\_\_  
 Clerks, Agent Cashier \_\_\_\_\_  
 Medical Records Administrator \_\_\_\_\_  
 Asst. Chief, Medical Information Section (MIS) \_\_\_\_\_  
 Lead Clerk (MIS) \_\_\_\_\_  
 Clerks (MIS) \_\_\_\_\_  
 Supervisory Transcriptionist \_\_\_\_\_  
 Transcriptionists \_\_\_\_\_  
 Supervisory File Clerk \_\_\_\_\_  
 Clerks, File \_\_\_\_\_  
  
**URGENT CARE**  
 Physicians \_\_\_\_\_  
 Head Nurse \_\_\_\_\_

### CLINIC EXAMINATION/TREATMENT MODULES

Clerks (MAS), assigned to Clinic  
**Module Reception** \_\_\_\_\_  
 Physicians \_\_\_\_\_  
 Physician Extenders \_\_\_\_\_  
 Nurses, Telephone Triage \_\_\_\_\_  
 Other Nurses assigned to Modules \_\_\_\_\_  
 Social Workers \_\_\_\_\_  
 Health Benefits Advisor \_\_\_\_\_  
 Clerks, Scheduling \_\_\_\_\_  
 Clerks, C&P \_\_\_\_\_  
 Resident Physicians \_\_\_\_\_  
 Pharmacist, Clinical (assigned to clinics) \_\_\_\_\_  
 Data Coordinator/Tumor Registry \_\_\_\_\_  
 Dietitians, Clinical \_\_\_\_\_  
**CLINIC BASED HOME CARE STAFF**  
 Nurse Practitioners \_\_\_\_\_  
 Social Workers \_\_\_\_\_  
  
 Physicians \_\_\_\_\_  
 Clerical Support Staff \_\_\_\_\_  
  
 Care Coordination Staff \_\_\_\_\_  
  
**GERIATRIC EVALUATION UNIT**  
  
 Nurses \_\_\_\_\_  
  
 Social Workers \_\_\_\_\_  
 Physicians \_\_\_\_\_  
 Clerical Support Staff \_\_\_\_\_  
**PATIENT EDUCATION**  
 Clerk, Information Resource Center \_\_\_\_\_  
  
**OTHER STAFF** \_\_\_\_\_

TOTAL STAFF 0



CRITERIA #	PROGRAM NAME	PROGRAMS			Depart GSF factor	Dept GSF
		PROGRAM AREA	TOTAL STAFF	EDUC STAFF		
<b>OUTPATIENT TREATMENT</b>						
262	Ambulatory Care				1.65	0
202	Substance Abuse Clinic				1.55	0
260	Mental Health Clinic				1.5	0
261	Adult Day Treatment				1.45	0
<b>CLINICAL SERVICES</b>						
204	Audiology & Speech Pathology				1.55	0
210	Cardiology Laboratories				1.5	0
222	Dental				1.55	0
316	Dialysis				1.5	0
287	Digestive Diseases				1.5	0
226	Electroencephalography Lab. (EEG)				1.5	0
233	Eye Clinic				1.6	0
240	Laboratory				1.4	0
275	Magnetic Resonance Imaging (MRI)				1.3	0
268	Pharmacy				1.3	0
308	Prosthetics & Sensory Aids				1.25	0
212	Pulmonary Medicine				1.35	0
276	Radiology				1.6	0
285	Supply, Process. & Dist.				1.3	0
286	Surgery				1.7	0
<b>SUPPORT SERVICES</b>						
238	Director's Suite	Use this factor for administrative areas			1.3	0
206	Canteen				1.2	0
406	Environmental Management				1.3	0
239	IRMS (ADP)				1.3	0
244	Lobby				1.2	0
279	Police & Security				1.3	0
284	Supply Admin & Warehouse (A&MM)				1.2	0
290	Volunteer Facilities				1.2	0
410	Lockers, Toilets, & Showers				1.2	0
<b>TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>		<b>0</b>

Bldg Gross  0  
1.10 min to 1.30 max  
See Section 5 of Design Guide

GENERAL SERVICES ADMINISTRATION  
PUBLIC BUILDING SERVICE

**SUPPLEMENTAL LEASE AGREEMENT**

SUPPLEMENTAL AGREEMENT

DATE

**NO.**

TO LEASE NO.

**GS-**

ADDRESS OF PREMISES

THIS AGREEMENT, made and entered into this date by and between

whose address is

hereinafter called the Lessor, and the UNITED STATES OF AMERICA, hereinafter called the Government:

WHEREAS, the parties hereto desire to amend the above lease.

NOW THEREFORE, these parties for the considerations hereinafter mentioned covenant and agree that the said

Lease is amended, effective \_\_\_\_\_, as follows:

All other terms and conditions of the lease shall remain in force and effect.

IN WITNESS WHEREOF, the parties subscribed their names as of the above date.

LESSOR

BY \_\_\_\_\_ (Signature) \_\_\_\_\_ (Title)

IN PRESENCE OF

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Address)

UNITED STATES OF AMERICA

BY \_\_\_\_\_ (Signature) \_\_\_\_\_ (Official Title)

**ABSTRACT AND EVALUATION OF OFFERS**

SFO \_\_\_\_\_

OUTPATIENT CLINIC [LOCATION] \_\_\_\_\_

OFFEROR \_\_\_\_\_

SITE LOCATION \_\_\_\_\_

ITEM	INITIAL	BEST & FINAL
Basic Square Footage Offered		
Initial Lease Term		
Rental/Basic w/Schedule B		
Rental/Basic w/o Schedule B		
Schedule B (Lump Sum)		
Parking Spaces Offered		
Present Value Calculations:		
w/ Schedule B		
w/o Schedule B		
Base Cost of Services/Utilities		
Estimate of VA-Provided Services		

UNIT PRICES:	EXHIBIT A - ADJUSTMENTS		EXHIBIT B - ALTERATIONS	
	Initial	Final	Initial	Final
1. Ceiling-high partitioning				
2. Sound-conditioning				
3. Additional for full-height				
4. Floor-mounted duplex				
5. Wall-mounted duplex				
6. Wall-mounted phone/data				
7. Wall-mounted quadraplex				
8. Interior door				
9. Painted surface				
10. Ceramic tile floor covering				
11. Carpeting				
12. Vinyl floor tile covering				
13. Sheet vinyl floor covering				
14. Vinyl wall covering				
15. Ceramic tile wall covering				

Additional comments:

Realty Specialist: \_\_\_\_\_

## SAMPLE LETTER - LETTER OF INTENT TO AWARD

### Use Department of Veterans Affairs Letterhead

Date

Offeror Name

Title

Company Name

Address

City, State, ZipCode

**SUBJECT: Intent to Award**

Dear Mr./Ms. \_\_\_\_\_:

As a final step in your offer regarding the Department of Veterans Affairs request for space in \_\_\_\_\_, you are requested to sign a lease stipulating the terms of our agreement.

Enclosed are two original copies of the lease. Please review the lease documents, which is the standard Government lease required for this type of acquisition. If acceptable, please do the following:

1. sign and have witnessed the SF-2's;
2. initial each page of the leases (**NOTE: All pages of both lease documents must be initialed**); and
3. return both copies of the leases to this office by express mail no later than \_\_\_\_\_.

Upon execution by the Government, one of the lease documents will be returned to you for your files.

Should you have any questions concerning this matter, please contact me at 202-565-XXXX or the Project Manager, \_\_\_\_\_, at 202-565-XXXX.

Sincerely,

*signature*

Name

Contracting Officer

Enclosures (2)

## SAMPLE AWARD LETTER

### Use Department of Veterans Affairs Letterhead

Date

Offeror Name

Title

Company Name

Address

City, State, ZipCode

**SUBJECT: Acceptance of Offer**  
**Lease No.** \_\_\_\_\_  
**Street Address of Property** \_\_\_\_\_  
**City and State** \_\_\_\_\_

Dear Mr./Ms. \_\_\_\_\_:

Your offer to satisfy the Government's space requirement for a Department of Veterans Affairs outpatient clinic is hereby accepted. The following are the details of the space.

Date of Offer

Name and Location of Site

Amount and Location of Net Usable  
Square Feet to be Provided

Parking Spaces to be Provided

Annual Rental \$ \_\_\_\_\_ (per rentable sq. ft. rate \$ \_\_\_\_\_)

Delivery Date

The Department of Veterans Affairs will conduct the acceptance inspection before occupancy. An Occupancy Permit from the county/city jurisdiction shall be delivered to the designated VA official as a condition of acceptance. "As built" reproducible plans per Section 3 of Part I of the SFO shall be provided within 30 days of occupancy. Plans shall be provided in both hardcopy and in the latest release of AutoCAD on CD-ROM diskettes.

Sincerely,

*Signature*

Name

Contracting Officer

# NOTIFICATION LETTER TO UNSUCCESSFUL OFFERORS

## Use Department of Veterans Affairs Letterhead

Date

Offeror Name  
Company  
Address  
City, State, ZipCode

Dear Mr./Ms. \_\_\_\_\_:

This is in reference to Solicitation for Offers No. \_\_\_\_\_ for space to relocate and expand the Department of Veterans Affairs Outpatient Clinic in \_\_\_\_\_.

An award was made on \_\_\_\_\_ to \_\_\_\_\_ to satisfy the Government's space requirements. The offer accepted by the Government is as follows:

Name and Address  
of Successful Offeror:

Location of Property:

Square Footage of Space:

Annual Rental:

\$ \_\_\_\_\_, (\$ \_\_\_\_ per/usf) including  
\$ \_\_\_\_\_ in operating costs subject to  
adjustment.

Term of Lease:

Lump Sum:

Number of Offerors  
Solicited  
Number of Proposals  
Received

Reason Your Offer  
Not Accepted

The successful offer was viewed as the  
best, overall value to the Government,  
price and other factors considered.

If you desire further information regarding the basis for the Government's award decision, you may request a debriefing. Pursuant to the requirements of Federal Acquisition Regulation 15.506, your request should be submitted to this office in writing within three days of the date on which you received this notification.

Your willingness to submit a written offer to the Government for the lease of outpatient clinic space is appreciated.

Sincerely,

*Signature*

Name  
Contracting Officer

## **SAMPLE MEMO APPOINTING CO TECHNICAL REPRESENTATIVE**

Director, Real Property Service (183C)

Delegation of Authority as the Contracting Officer's Technical Representative (COTR)

Lease No. \_\_\_\_\_

[name] Resident Engineer, [location]

1. The purpose of this memorandum is to notify you that effective immediately you are hereby designated Contracting Officer's Technical Representative (COTR) for the subject lease. This lease is for the Department of Veterans Affairs Outpatient Clinic under construction at [location].
2. In the capacity as COTR, you are authorized to perform all duties as set forth in the attached "Duties of Resident Engineer (RE) and Contracting Officer's Technical Representative (COTR) for Outpatient Clinics."
3. This appointment is effective as long as you are assigned to your present position or it is otherwise rescinded by the Contracting Officer.
4. [name] is designated the Project Manager/Contracting Officer on this project. He/she is available to provide assistance from this office. Any commitment which will effect the project scope, the delivery term of more than 30 calendar days, or a change order resulting in a cost exceeding \$50,000 / \$100,000, must be authorized through [name] for the signature of the Contracting Officer.
5. The Lessor is being simultaneously informed of this designation.

Name  
Contracting Officer

Attachment

Cc: 183C (read file)  
183C (project file)



# LETTER TO LESSOR REGARDING DESIGNATION OF COTR

Use Department of Veterans Affairs Letterhead

## CERTIFIED MAIL AND FAX

Date \_\_\_\_\_

Offeror Name  
Company  
Address  
City, State, ZipCode

Reference: Lease No. \_\_\_\_\_  
Street Address of Property \_\_\_\_\_  
City and State \_\_\_\_\_

Subject: Designation of COTR

Dear Mr./Ms. \_\_\_\_\_:

The purpose of the letter is to notify you of the designation of a Resident Engineer for the Department of Veterans Affairs Outpatient Clinic lease/construction project at \_\_\_\_\_.

[name] will be the Resident Engineer on site. He has also been designated as the Contracting Officer's Technical Representative (COTR). As such, he will be your contact on all matters concerning this lease. A copy of the memorandum designating [name] as COTR is enclosed, together with its attachment which defines the scope of his authority. [name] may be reached at [e-mail address, phone and fax numbers].

[name] is designated the Contracting Officer and will continue to provide assistance to you from this office. [name] may be reached at 202-565-XXXX. As stated in the memorandum to [name], any commitment which will effect the project scope, the delivery term of more than 30 calendar days, or a change order resulting in a cost exceeding \$50,000 / \$100,000, must be authorized by [name].

Please do not hesitate to contact either [insert first names] with any questions you may have concerning the clinic project.

Sincerely,

*Signature*

Name  
Contracting Officer

Enclosures: Memo Designating COTR  
Duties of Resident Engineer (RE) and Contracting Officer's Technical  
Representative for Outpatient Clinics

Cc: 183C (read file)  
183C (project file)

**PUBLIC BUILDINGS SERVICE  
INSPECTION REPORT ON WORK UNDER CONTRACT**

1. D&C WORK ORDER NO.

2. LOCATION (Street, city, and State)

3. BUILDING

4. CONTRACTOR'S NAME AND ADDRESS

5. TYPE OF WORK

6. CONTRACT FOR

- ALTERATIONS  
 NEW CONSTRUCTION

7. PROJECT NO.

8. CONTRACT NO.

9. DATE OF RECEIPT OF NOTICE TO PROCEED

10. ORIGINAL CONTRACT PRICE

11. CUM. CHANGE ORDERS\*

12. CONTRACT PRICE TO DATE

a. NO b. AMOUNT

\$

\$

\$

13. LIQUIDATED DAMAGES PER DAY

14. COMPLETION DATE

15. PERCENTAGE OF COMPLETION

a. CONTRACT

b. REVISED

c. ESTIMATED

d. ACTUAL

a. ACTUAL

b. NORMAL

\$

16. A-E FIRM

17. CONSTRUCTION ENGINEER

18. GSA ENGINEER MAKING INSPECTION

19. TYPE OF INSPECTION

20. DATE OF LAST INSPECTION

21. DATE OF THIS INSPECTION

22. ADDITIONAL INSPECTIONS RECOMMENDED

23. PAYMENT RECOMMENDED

- PROGRESS  FINAL  POST FINAL

- YES  NO

\$

OR

%

24. STATE BELOW GENERAL CONDITION OF THE WORK; SUFFICIENCY OF LABOR FORCE; DELAYS, CORRECTIVE ACTION TAKEN; AND RECOMMENDATIONS. (Proposals should be forwarded under separate cover.) \*LIST CHANGE ORDERS FOR \$50,000 AND OVER AUTHORIZED DURING REPORTING PERIOD, INDICATING AMOUNT AND BRIEF DESCRIPTION OF WORK.

25. INSPECTED BY

SIGNATURE

DATE OF REPORT

26. PAYMENT REQUEST (For repair contracts under \$100,000)

DIRECTOR OF REGIONAL DATA AND FINANCIAL MANAGEMENT APPROVED FOR PAYMENT

\$

OR

CONTRACTING OFFICER (Signature)

%

DATE

GENERAL SERVICES ADMINISTRATION

(See reverse for instructions concerning final payment)

GSA FORM 220 (1-66)

GSA Form 220 -- 1 of 2

## **FINAL INSPECTION**

If this report covers "final" inspection, the procedure outlined below shall be followed in connection with defects and omissions found:

1. As soon as possible after inspection give the contractor a list of all items necessary to properly complete the contract with a request that each item be corrected or supplied WITHOUT DELAY. Furnish the Custodian a copy of letter to contractor with list of items of defects and omissions and request him to advise the Contracting Officer's Technical Representative (COTR) regarding exact date omissions and defects were entirely corrected.

There may be items on the list which, in the opinion of the COTR, should remain as installed rather than corrected. In such cases the COTR shall furnish the Contracting Officer full information and recommendation and advise the contractor that the Contracting Officer will render the decision thereon.

2. Forward to the Contracting Officer the final report, three copies of the list of items of defects and omissions given to the contractor, and a SEPARATE supplementary statement in duplicate giving an estimated cost of completing in accordance with contract requirements each and every item should it become necessary for the Government to complete the work.

Items for which, in the opinion of the COTR, completion is not practicable should be indicated in the supplementary statement. A recommendation should be given for each of such items as to the amount, if any, to be deducted from the contract price because of noncompliance with contract requirements.

Copy of the supplementary statement should NOT be given to either the contractor or to the Custodian.

3. The COTR should indicate the date on which work was substantially completed.
4. A copy of the final inspection report shall be furnished ORDFM for billing purposes on all POD, funded E&M contracts at substantial completion (95% complete and usable) or beneficial occupancy, where no further change orders are anticipated.

Attention is called to provisions of General Conditions requiring contractors to submit written notices of readiness for final inspection and the liability of contractors for reinspection costs. If the COTR considers that the work is not ready for final inspection, he should so state in writing, providing reasons why the work is not ready. If the COTR considers an extra final inspection necessary, he should so state.

## **REINSPECTION COSTS**

Costs incurred in making extra final inspections shall be forwarded in separate statement form. These costs shall include salary, subsistence, transportation and miscellaneous expenses such as stenographic services, telegrams, etc. Costs shall be based upon the time involved in making inspection as well as time and travel involved in reaching place of inspection, including time and travel in reaching next point visited. Salary cost used shall be based on the hourly rate published by ORDFM.



**LETTER DELEGATING AUTHORITY AS ADMINISTRATIVE  
CONTRACTING OFFICER**

[Name]  
Contracting Officer (90)  
VA Medical Center  
[City, State, Zip]

SUBJ: Delegation of Authority as Administrative Contracting Officer

1. You are hereby designated Administrative Contracting Officer for the following lease:

<u>Lease Number</u>	<u>Lessor</u>
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2. Subject to the limitations stated elsewhere in this delegation, you are authorized to administer the above lease(s) to ensure prompt performances of all necessary actions and compliance with the terms and conditions of the contract, which shall include but not be limited to the duties enumerated below:

- a. Assume day-to-day management of the lease. Appoint Contracting Officer's Representative (COR) and/or Contracting Officer Technical Representative (COTR) as necessary.
- b. Monitor the lessor's performance to assure compliance with requirements of the lease.
- c. Negotiate and execute within the scope of the lease, alteration agreements, unit price agreements for alterations, and supplemental lease agreements.
- d. Review and approve technical reports, build-out plans, and other items required for approval.
- e. Routinely perform physical inspection and approve the leased space.
- f. Verify availability of funding prior to obligating Department monies.
- g. Assure that changes in terms and conditions under the lease are not implemented before written authorization or a supplemental lease agreement is issued.
- h. Issue written notifications of intent to exercise lease extensions and/or renewal options. This must be accomplished within the designated time before lease expiration.

- i. Modify lease as necessary based on refinement of project activity and provide written notification to all appropriate parties.
  - j. Administer all escalations as provided for in the lease and coordinate payments with the appropriate office.
  - k. Enforce the lease contract including direct notification to the lessor or his/her designated representative of any instance of failure to deliver services, maintenance or utilities in accordance with your obligations under the lease.
  - l. Exercise authority to take corrective action for the lessor's failure to deliver services, maintenance, or utilities including authorizing rental deductions.
  - m. Issue the final decision on disputes arising between the lessor and the Government.
3. This delegation does not authorize you to take any other actions, including but not limited to the following:
- a. Terminate the lease contract in whole or in part. This shall remain the responsibility of the Contracting Officer (CO).
  - b. Change the general terms and conditions of the lease, which are outside the scope of the lease.
  - c. Re-delegate the authority granted herein, except in conjunction with COR and COTR assignments.
4. This delegation shall remain in effect throughout the lease life unless sooner revoked in writing by the CO or by your reassignment.
5. The CO must be notified immediately of any problem areas noted in the performance of this lease.

The administration of this contract must be performed in accordance with all applicable federal laws and regulations governing contract administration, including but not limited to, 48 Code of Federal Regulations, Part 3, Improper Business Practices and Personal Conflicts of Interest.

6. Questions concerning this delegation may be addressed to Project Manager, \_\_\_\_\_, at 202-565-XXX.

Sincerely,

Name  
Contracting Officer

Please acknowledge receipt of this Delegation as shown below and return this page to:

Director, Real Property Service (183C)  
Department of Veterans Affairs  
810 Vermont Avenue, NW  
Washington, DC 20420

**ACKNOWLEDGMENT OF DELEGATION**

The undersigned hereby acknowledges receipt of the foregoing designation of Lease Acquisition No. \_\_\_\_\_, [location], naming [insert name] as Administrative Contracting Officer:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## LEASE RENEWAL NOTICE

The lease renewal notice should be used to formally notify the lessor of VA's intent to renew the lease. It must be prepared by the Administrative Contracting Officer (**ACO**) and signed by the Contracting Officer (**CO**). The notice should be developed on VA letterhead and include the following:

*VA Letterhead*

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

### U.S. GOVERNMENT LEASE RENEWAL NOTICE

LESSOR	LEASE NO.
LOCATION OF LEASED PREMISES	
RENEWAL PERIOD COVERED	DATE OF RENEWAL
BEGINNING	ENDING

The Government hereby renews the above lease, as it may have been amended or supplemented, for the premises and covering the period indicated.

This notice is given in conformity with the Government's option of renewal contained in the lease.

Sincerely yours,  
*Signature of Contracting Officer*

**LEASE RENEWAL NOTICE**



# FINAL INSPECTION REPORT

DATE: \_\_\_\_\_

From : Project Manager (183B)

Subj: Final Inspection of [Project Name], [Lease #], [City], [State], [Zip]

To: Contracting Officer (183B)

1. In accordance with your letter of authorization, a Final Inspection was made of [Title of Outpatient Clinic], [Lease #], [City], [State]. The following participated in this inspection:

[Names and Titles]

2. The Lease space was prepared by the Lessor, LESSOR NAME, \_\_\_\_\_ under Lease No. \_\_\_\_\_.

3. The completed construction was found to be in accordance with the lease requirements except for the items of correction and omission as noted on the attachment. The date for substantial completion for this project is established as [Date].

4. The principal items outstanding on this contract are:  
[List **major** items]

It is recommended that monthly payments for the Lease commence and \$\_\_\_\_\_ be withheld of Schedule B and Change Order payments for the items of correction and omission.

5. The status of contract amount and outstanding changes is as follows:  
[List]

Total \$ \_\_\_\_\_

In addition there is a possibility of a claim. [Describe]

6. Acceptance of the premises was assumed for the Office of Facilities by [Title] as of [Date] and transferred to the Medical Center Director for occupancy and security as of [Date].

7. Warranty/Guaranty start date for any warrantable items is [Date].

[Typically Developer provides a one year guarantee for items listed in Schedule B. Guarantee Period of Schedule B items depends on whether or not the lease is written to require the Developer to maintain Schedule B items.]

8. Workmanship throughout is considered satisfactory.

\_\_\_\_\_  
For the Contracting Officer

## PUNCH LIST INSTRUCTIONS

### Preparation, Numbering and Abbreviations

1. The following index refers to the prefixes to be assigned to punch list items of various trades:

Architecture	A	HVAC	H
Boiler	B	Landscaping	L
Electrical	E	Plumbing	P
Elevator	EI	Structural	S
Equipment	Eq		

2. Punch list items should be numbered by the final inspection team captain and/or typing secretary.
3. Abbreviations such as those listed below are encouraged. It is important to note that any abbreviations should be listed on a master list which would become a part of the inspection report.

### Standard Abbreviations for Final Inspection

Adjust	ADJ	Touch up paint	TUP
Check	CK	Circuit	CKT
Clean	CL	Breaker	BKR
Install	INST	Conduit	CDT
Insulation	INSU	Receptacle	RECEPT
Patch Insulation	PI	Switch	S

**EXAMPLE OF FINAL INSPECTION PUNCH LIST**

**FINAL INSPECTION PUNCH LIST**  
**Outpatient Clinic, [Lease # \_\_\_\_\_**  
**VA Facility, City, State]**

**ARCHITECTURAL**

<b>ITEM #</b>	<b>RM/AREA</b>	<b>PUNCH LIST ITEM</b>	<b>COMPLETION DATE/ INITIALS</b>
A-1	1A101	Install door hardware	
A-2	1A101	TUP on SW wall	
A-3	1A102	CL and buff VT floor	
A-4	1A103	Caulk around sink	

[NOTE: Architectural list should include Rm. # for each room in project whether items are found or not.]

**ACCEPTANCE OF PREMISES**

VA Medical Center  
[City, State  
Date]

The premises is hereby accepted this date,  [Date] , by the Department of Veterans Affairs, Office of Facilities Management, of the  [Title of Outpatient Clinic] , as offered for lease by the  [LESSOR'S NAME., STREET, CITY,STATE]  under Lease No.  \_\_\_\_\_ .

This action will not relieve the Lessor of completing the items of correction and omission nor of any other deficiencies that may appear during the term of the Lease. In addition, this action will not relieve the lessor of any contractual obligations, including the guarantee requirements.

However, the Lessor will not be held responsible for any damage caused by virtue of the Department of Veterans Affairs occupancy, except where such damage may be due to inferior workmanship or material.

The guaranty period for items listed in Schedule B shall be for a period of one (1) year from the date of acceptance as specified in the General Conditions Section of the contract documents. [Editor's Note: if developer is responsible for maintenance of Schedule B items, delete reference to guaranty period of 1 year.]

FOR THE DEPARTMENT OF VETERANS AFFAIRS  
Office of Facilities Management

-----  
For the Contracting Officer

-----  
Date

FOR  \_\_\_\_\_ [LESSOR NAME] \_\_\_\_\_

Signature  \_\_\_\_\_

Date  \_\_\_\_\_

# TRANSFER RECEIPT

DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER

[ \_\_\_\_\_ City, State \_\_\_\_\_ ]

[Outpatient Clinic Name]

Lease No. \_\_\_\_\_

[Date]

Acceptance is hereby made by the Department of Veterans Affairs Veterans Health Service and Research Administration this date, from the Department of Veterans Affairs Office of Facilities, of [Outpatient Clinic Name], constructed by \_\_\_\_\_ under Lease No. \_\_\_\_\_.

Such acceptance is made with the recognition that the contractor will complete items of correction listed on the \_\_\_ Partial-Final or \_\_\_ Final Inspection Report and other deficiencies which may appear prior to the final settlement of the Lease.

It is further understood that this acceptance does not relieve the Developer of any contractual obligations, including guarantee requirements.

FOR THE DEPARTMENT OF VETERANS AFFAIRS  
Veterans Health Service and Research Administration

-----  
[Signature of Facility Director]

-----  
Date

FOR THE OFFICE OF FACILITIES

\_\_\_\_\_  
For the Contracting Officer

\_\_\_\_\_  
[Date]