APPENDIX "A"

SUBMITTED BY: _____

_____

_____

Phone: _____

FOR: Fit-Up & Rental of a HPEI Patient Medical Home, Rustico, Queens County as Outlined in Request #23054

SUBMITTED TO: Department of Transportation and Infrastructure
11 Kent Street – 3rd Floor Jones Building
PO Box 2000
Charlottetown, PE C1A 7N8

HAVING examined the contents of Request Number #23054, dated September 1, 2023, covering the fit-up and rental of space for the HPEI Patient Medical Home, Rustico, Queens County, we hereby offer to provide the necessary space and services (including all required costs associated with the building fit-up) for the following:

Total **ANNUAL LUMP SUM RENTAL COST** of:

_____Dollars ($) for each year.

The above Annual Lump Sum Rental Cost is comprised of:

(a) **RENTAL COST**

_____Dollars ($) for each year and;

(b) **FIT-UP COST**

_____Dollars ($) for each year.

Our annual "Fit-Up Cost" is based on a "Onetime Expenditure", covering tenant fit-up, associated design and project management of $_____.
The Department may make a lump sum payment, covering all or a portion of the "Onetime Expenditure", at the time of occupancy; which will result in a pro-rated reduction in the "Fit-Up Cost" portion of the "Annual Lump Sum Rental Cost".

Costs noted do **NOT** include HST.

In submitting this proposal, we recognize the right of the Department of Transportation and Infrastructure to accept any proposal or to reject all proposals.

In submitting this proposal, we agree to enter into a 10-year contract to provide the required rental space, as outlined in Request #23054, should our proposal be accepted by the Province. This contract will be as per the Province's standard lease agreement included with this RFP as Appendix "D".

The enclosed diagrammatic floor plan indicates sufficient space to accommodate the required space program.

Our proposal is based on providing the accommodation in a building located at the following address:

_____

_____

Our proposal includes _____ parking spaces for staff, patients and clients.

Our space will be ready for occupancy no later than _____

Acknowledgement of Receipt of Addenda

Addendum No. _____ Date Issued: _____ Initial: _____

Addendum No. _____ Date Issued: _____ Initial: _____

Addendum No. _____ Date Issued: _____ Initial: _____

Addendum No. _____ Date Issued: _____ Initial: _____

_____ _____
Witness Signature

_____ _____
Witness Signature

SEAL