



STATE OF FLORIDA Quote Request Form

In accordance with 60H-1.016 F.A.C. all leases under 5,000 square feet are required to have at least three (3) documented quotes which must contain the following information:

Lease Number: _____ Net Usable Square Footage Available: _____

Facility Name: _____

Facility Physical Address: _____

Facility Mailing Address: _____

Is the facility an "Energy Star qualified facility as defined by the US EPA and US Department of Energy?"

Lessor's Name: _____

Lessor's Address: _____

Lessor's Agent: _____ Agent Telephone Number: _____

Lease Term: ____ years Lease Renewal: ____ years Date Available: _____

BASE TERM: The base rent shall be all-inclusive outside of tenant's internet and phone services.

	Term	Full-Service Rate per USF	Monthly Rent	Annual Rent
Year 1	01/01/26 – 12/31/26	\$	\$	\$
Year 2	01/01/27 – 12/31/27	\$	\$	\$
Year 3	01/01/28 – 12/31/28	\$	\$	\$

Proposed Tenant Improvement Amount: _____

RENEWAL OPTIONS: Requesting two, 3-year renewal options

	Term	Full-Service Rate per USF	Monthly Rent	Annual Rent
Renewal 1	7/1/29 – 6/30/32	\$	\$	\$
Renewal 2	7/1/32 – 6/30/35	\$	\$	\$

TERMINATION OPTION DUE TO LACK OF FUNDS: Please confirm Landlord will agree to the following:

The Landlord acknowledges that the Tenant is a not-for-profit corporation created pursuant to Florida law to carry out early learning function specified by law and federal and state grant agreements. In the event substantially all of the funds to finance the Tenant's operations become unavailable or if all federal or state funds upon which the Tenant is dependent are withdrawn or redirected, and the Tenant's grant agreement is terminated as a result, then Tenant may terminate this Lease by providing written notice to Landlord. Please describe any cost that may be associated should Tenant need to exercise this termination option.

Lessor or Representative's Signature: _____

FM 4098 (R9/24)