

New Lease Package Requirements

- I. Cover letter
 - A. Demised premises
 1. Square footage
 2. Location (street address, town, county)
 - B. Term of lease
 1. Number of years, commencement date, expiration date
 2. Possession clause, substantial completion affected
 - C. Contact info for person to contact regarding questions, issues, etc.
 1. Include name, phone number, email
 2. Include alternate contact
 - D. Calculation of lease costs
 1. Intrinsic value
 - a) Includes all costs associated with the lease.
 - b) Payable to LL & other entities
 - c) May include items such as:
 - (1) base rent,
 - (2) additional rent items,
 - (3) est. electricity charges,
 - (4) security services,
 - (5) janitorial services,
 - (6) operating expense escalations,
 - (7) tax escalations
 2. STS value
 - a) Includes costs payable **only to the LL**
 - b) Typically includes items such as:
 - (1) base rent,
 - (2) additional rent items,
 - (3) operating expense escalations,
 - (4) tax escalations

The Office of the State Comptroller reserves the right to request additional documentation and justifications.

New Lease Package Requirements (cont.)

II. Vendor Responsibility Documentation

- A. Certified Vendor Responsibility Questionnaire (VRQ) and/or Lease Disclosure
 - 1. Must be certified within past 6 months
 - 2. May be hardcopy or online
- B. Vendor Responsibility Profile (VRP) – must be signed by an authorized agency representative
- C. Proof of NYS Workers Compensation (WC) & Disability Benefits (DB) Insurance Coverage or exemption therefrom
 - 1. Refer to WCB for acceptable proofs of insurance and/or exemption
 - a) NYS WCB Prove It To Move It brochure outlines acceptable proofs
 - 2. LL may need any combination of WC, DB, exemption
 - 3. Examples of acceptable proof
 - a) C-105.2 (Certificate of NYS Workers' Compensation Insurance Coverage)
 - b) DB-120.1 (Certificate of Insurance Coverage under NYS Disability Benefits Law)
 - c) CE-200 (Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage)
 - 4. Certificates must
 - a) Name the LL as the insured
 - b) Contain the correct FEIN (must match the FEIN on VRQ & VRP)
 - c) Name the tenant or occupying agency as the entity requesting proof
 - d) Have a current, up-to-date policy period
 - e) Be signed by insurance carrier's authorized representative

III. Original copy of the Lease Agreement

- A. Agreement must include at a minimum
 - 1. Names of the LL & tenant agency entering into agreement
 - 2. Term of the lease and possession clause, if applicable
 - 3. Indemnity clause covering the State
 - 4. Cost of rent over the term of the lease
 - 5. Appendix A
 - 6. Original signature of the LL's authorized rep with accompanying acknowledgement by a Notary Public
 - 7. Original signature of authorized tenant agency representative
 - 8. Attorney General stamp of approval as to form & manner

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New Lease Package Requirements (cont.)

- IV. Additional original copies of the lease and/or signature pages
 - A. For execution and disbursement to LL, tenant, occupying agency, others
 - B. OSC keeps one copy of the fully executed original lease agreement

- V. Justifications
 - A. Need
 - 1. New program, or
 - 2. Expansion, or
 - 3. New technology, or
 - 4. Legislative mandate
 - B. Site
 - 1. Cost, and/or
 - 2. Vicinity, and/or
 - 3. Program needs
 - C. Cost
 - 1. Market analysis, and/or
 - 2. Comparable property analysis

- VI. Advertisement
 - A. Contract Reporter printout, and
 - B. Copy of newspaper ad, and
 - C. Copy of mailing to interested parties

- VII. STS/AC 340 – all info must match agreement terms

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