

Please Note: Dates for commencement and BOE targets are Initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	12/14/16
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION - Amendment

RECEIVED
NOV 30 2016

GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

1. Agency: Department of Health and Human Services
Division of Public and Behavioral Health, Rural Clinics
4150 Technology Way
Carson City, Nevada 89706
Debbie Ohl
775.684.5915 Fax: 775.684.4211 dlohl@health.nv.gov

Remarks: This lease was negotiated to relocate Rural Clinics to better accommodate the needs of the agency for client privacy.

Exceptions/Special notes:

2. Name of Landlord (Lessor): Venturacci Properties, LP

3. Address of Landlord: 890 East Patriot Boulevard, Suite E
Reno, Nevada 89511

4. Property contact: Wallace Realty Corporation
525 West Williams Avenue
Fallon, Nevada 89406
Michelle Wallace
775.423.2131 michelle.wallace@wallacecorp.com

5. Address of Lease property: 137, 139, 141 Keddie Street
Fallon, Nevada 89406

a. Square Footage: Rentable Usable 3,400

b. Cost:	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
Increase %	\$4,590.00	12	\$55,080.00	January 1, 2017 - December 31, 2018	\$1.35
0%	\$4,590.00	12	\$55,080.00	January 1, 2018 - December 31, 2019	\$1.35
0%	\$4,590.00	12	\$55,080.00	January 1, 2019 - December 31, 2020	\$1.35
0%	\$4,590.00	12	\$55,080.00	January 1, 2020 - December 31, 2021	\$1.35
0%	\$4,590.00	12	\$55,080.00	January 1, 2021 - December 31, 2022	\$1.35

c. Total Lease Consideration: 60 \$275,400.00

d. Option to renew: Yes No 30 Renewal terms: Two (2), Two (2) Year Options

e. Holdover notice: # of Days required 90 Holdover terms: 5% / 90

f. Term: Five (5) Years

g. Pass-thrus/CAM/Taxes Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: Not Available/Rural Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 3648

6. Purpose of the lease: To house Division of Public & Behavioral Health Rural Clinics

7. This lease constitutes:
- An extension of an existing lease
 - An addition to current facilities (requires a remark)
 - A relocation (requires a remark)
 - A new location (requires a remark)
 - Remodeling only
 - Other

a. Estimated Moving Expenses: \$2,500.00 Furnishings: \$0.00 Data/Phones: \$3,000.00

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes No Dec Unit _____

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Christina Padgett 8/18/16
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20031223980</u>	Exp:	<u>8/31/2016</u>	
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LP <input checked="" type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T81104771</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 8.24.16
Authorized Signature Date
Public Works Division

For Board of Examiners YES NO

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

WV

For Budget Division Use Only	
Reviewed by:	[Signature]
Reviewed by:	[Signature]
Reviewed by:	[Signature]

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services, Division of Public and Behavioral Health
Rural Clinics
727 Fairview Drive, Suite A
Carson City, Nevada 89701
Debbie Ohl
Phone: 775-684-5915 Fax: 775-684-4211 Email: dlohl@health.nv.gov

Remarks: This lease renewal was negotiated at 5.49% rate increase over the term. This increase is still well below what the rate was before the recession.

Exceptions/Special notes:

2. Name of Landlord (Lessor): Copper Creek Enterprises, LLC

3. Address of Landlord: 1670 Cypress Point Court
Pahrump, Nevada 89048

4. Property contact: Ken Murphy
Phone: 775-209-3751, fax: 775-727-7191, email: redwood501@gmail.com

5. Address of Lease property: 240 Humahuaca Street
Pahrump, Nevada 89048

a. Square Footage: Rentable Usable 3,998

b. Cost:

Increase %	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
3%	\$5,765.12	12	\$69,181.44	February 1, 2017 - January 31, 2018	\$1.44
0%	\$5,765.12	12	\$69,181.44	February 1, 2018 - January 31, 2019	\$1.44
3%	\$5,938.07	12	\$71,256.88	February 1, 2019 - January 31, 2020	\$1.49
0%	\$5,938.07	12	\$71,256.88	February 1, 2020 - January 31, 2021	\$1.49
3%	\$6,116.21	12	\$73,394.52	February 1, 2021 - January 31, 2022	\$1.53

c. Total Lease Consideration: 60 \$354,271.17, 0%

d. Option to renew: Yes No 90 Renewal terms: One identical term

e. Holdover notice: # of Days required 30 Holdover terms: 5%/90

f. Term: 60 months

g. Pass-thrus/CAM/Taxes: Landlord Tenant

h. Utilities: Landlord Tenant

i. Janitorial: Landlord Tenant 3 day 5 day Rural 3 day Rural 5 day Other (see special notes)

j. Repairs: Major: Landlord Tenant Minor: Landlord Tenant

k. Comparable Market Rate: Not Available/Rural Area

l. Specific termination clause in lease: Breach/Default lack of funding

m. Lease will be paid for by Agency Budget Account Number: 3648

6. Purpose of the lease: To house the Division of Public and Behavioral Health, Rural Clinics

7. This lease constitutes:

- An extension of an existing lease
- An addition to current facilities (requires a remark)
- A relocation (requires a remark)
- A new location (requires a remark)
- Remodeling only
- Other

a. Estimated Moving Expenses: \$0.00 Furnishings: \$0.00 Data/Phones: \$0.00

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GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes No Dec Unit _____

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Christine Bodnick 11/22/16
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV20021057343</u>	Exp:	<u>5/31/2017</u>	12
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input checked="" type="checkbox"/> INC <input type="checkbox"/> CORP <input type="checkbox"/> LP <input type="checkbox"/>			
c. Is the Contractor Exempt from obtaining a Business License: *If yes, please explain in exceptions section	<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO	
d. Is the Contractors Name the same as the Legal Entity Name? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
e. Does the Contractor have a current Nevada State Business License (SBL)? *If no, please explain in exceptions section	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO	
g. State of Nevada Vendor number:	<u>T27003742</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 11.30.16
Authorized Signature Date
Public Works Division

[Signature]
For Board of Examiners YES NO

2/2/21

DN

Please Note: Dates for commencement and BOE targets are initial estimates and may be subject to change in accordance with timeframes of returned documentation.

For Budget Division Use Only	
Reviewed by:	12/14/16 rlv
Reviewed by:	
Reviewed by:	

STATEWIDE LEASE INFORMATION

1. Agency: Department of Health and Human Services
Division of Welfare and Supportive Services
1470 College Parkway
Carson City, Nevada 89706
John Dekoekkoek 775.684.0652 Fax: 775.684.0656 jdekoekkoek@dwss.nv.gov

Remarks: This is a renewal of an existing lease with tenant improvements to be completed in the first year, per the agencies request.

Exceptions/Special notes: Additional parking was negotiated with neighboring owner through lessor, to accommodate tenant employee/customer parking.

2. Name of Landlord (Lessor): Shoshone Cattle and Land Development Co.

3. Address of Landlord: 4560 S. Decatur Blvd., Suite 202
Las Vegas, Nevada 89103

4. Property contact: Bryan Buckley Phone: (702) 947-7100 Fax: (702) 947-7106 Email: bbuckley@buckeyelv.com
Thomas Buckley Phone: (702) 947-7100 Fax: (702) 947-7106 Email: tbuckley@buckeyelv.com

5. Address of Lease property: 700 West Belrose Street
Las Vegas, Nevada 89107

a. Square Footage: Rentable 36,280 Usable square feet of office space
 Usable 4,800 Usable square feet of storage space; for a total of 41,080 sf

b. Cost:

	cost per month	# of months in time frame	cost per year	time frame	Actual cost per square foot
OFFICE SPACE	\$64,215.60	24	\$1,541,174.40	February 1, 2017 - January 31, 2019	\$1.77
Increase %	5%	24	\$1,619,539.20	February 1, 2019 - January 31, 2021	\$1.86
	5%	24	\$1,697,904.00	February 1, 2021 - January 31, 2023	\$1.95
	5%	24	\$1,784,976.00	February 1, 2023 - January 31, 2025	\$2.05
	5%	24	\$1,872,048.00	February 1, 2025- January 31, 2027	\$2.15
Total:		120	\$8,515,641.60		
STORAGE SPACE	\$4,320.00	24	\$103,680.00	February 1, 2017 - January 31, 2019	\$0.90
	2%	24	\$105,984.00	February 1, 2019 - January 31, 2021	\$0.92
	2%	24	\$108,288.00	February 1, 2021 - January 31, 2023	\$0.94
	2%	24	\$110,592.00	February 1, 2023 - January 31, 2025	\$0.96
	2%	24	\$112,896.00	February 1, 2025- January 31, 2027	\$0.98
Total:		120	\$541,440.00		
PARKING SPACES					Approximate
75 Parking Spaces	\$4,000.00	120	\$480,000.00	February 1, 2017 - January 31, 2027	
Total:		120	\$480,000.00		
c. Total Lease Consideration:			\$9,537,081.60		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	90	Renewal terms:	One Identical Term	
e. Holdover notice:	# of Days required	30	Holdover terms:	5% / 90	
f. Term:	Ten (10) years				
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant				
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input type="checkbox"/> 3 day <input checked="" type="checkbox"/> 5 day	<input type="checkbox"/> Rural 3 day <input type="checkbox"/> Rural 5 day	<input type="checkbox"/> Other (see special notes)	
j. Repairs:	Major: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	Minor: <input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant			
k. Comparable Market Rate:	\$2.05 - \$2.60 Las Vegas / Henderson Area				
l. Specific termination clause in lease:	Breach/Default lack of funding				
m. Lease will be paid for by Agency Budget Account Number:	3233				

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GOVERNOR'S FINANCE OFFICE
BUDGET DIVISION

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes No Dec Unit: In these budget - this is a renewal of an existing lease.

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

[Signature] 12/2/16
 Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19991222770</u>	Exp:	<u>4/30/2017</u>	191
b. The Contractor is registered with the Nevada Secretary of State's Office as a:	LLC <input type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO		
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		
g. State of Nevada Vendor number:	<u>T29023869</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 12.5.16
 Authorized Signature Date
 Public Works Division

For Board of Examiners YES NO
bn

10 YEAR LEASE
incl \$480K in parking
75 spaces (not prior)
Doubled interest
2012-2017 @ 2.5%
2017-2027 @ 5%

For Budget Division Use Only	
Reviewed by:	LLCA 12/2/14
Reviewed by:	W 12/2/14
Reviewed by:	

**STATEWIDE LEASE INFORMATION
FIRST AMENDMENT**

1. Agency: Department of Motor Vehicles
555 Wright Way
Carson City, Nevada 89711
Randy Hobdy 775.684.4804 fax: 775.687.4692 rhobdy@dmv.nv.gov

Remarks: This Lease Amendment is changing the cost per square foot for only the office space for additional improvements requested by the agency during the construction period which were not included in the original lease. Increase reflects approximately \$0.04 per square foot.

Exceptions/Special notes: The \$1,200.00 deposit is credited in the first month of rent.

2. Name of Landlord (Lessor): El Mirage, LLC

3. Address of Landlord: 5771 South Fort Apache Road, Suite 120
Las Vegas, Nevada 89148

4. Property contact: Steve Olson
702.367.7820 fax: 702.367.4642 smo@lvcoxmail.com

5. Address of Lease property: 3030 South Needles Highway, Suite 100
Laughlin, Nevada 89029

a. Square Footage: Rentable
 Usable 3,600

b. Cost:

	cost per month		# of months in time	cost per year	time frame	Actual cost per square foot
Office Space	\$5,652.00	(\$1,200.00)	5	\$27,060.00	November 1, 2016 - March 31, 2017	\$1.57
Increase %	2%	\$5,796.00	7	\$40,572.00	April 1, 2017 - October 31, 2017	\$1.61
	0%	\$5,796.00	12	\$69,552.00	November 1, 2017 - October 31, 2018	\$1.61
	2%	\$5,904.00	12	\$70,848.00	November 1, 2018 - October 31, 2019	\$1.64
	0%	\$5,904.00	12	\$70,848.00	November 1, 2019 - October 31, 2020	\$1.64
	2%	\$6,012.00	12	\$72,144.00	November 1, 2020 - October 31, 2021	\$1.67
	0%	\$6,012.00	12	\$72,144.00	November 1, 2021 - October 31, 2022	\$1.67
	2%	\$6,156.00	12	\$73,872.00	November 1, 2022 - October 31, 2023	\$1.71
Office Space Consideration:			84	\$497,040.00		
Testing Area	\$936.00		12	\$11,232.00	November 1, 2016 - October 31, 2017	\$0.260
3,600 sqft	\$936.00		12	\$11,232.00	November 1, 2017 - October 31, 2018	\$0.260
	2%	\$954.00	12	\$11,448.00	November 1, 2018 - October 31, 2019	\$0.265
	0%	\$954.00	12	\$11,448.00	November 1, 2019 - October 31, 2020	\$0.265
	2%	\$972.00	12	\$11,664.00	November 1, 2020 - October 31, 2021	\$0.270
	0%	\$972.00	12	\$11,664.00	November 1, 2021 - October 31, 2022	\$0.270
	2%	\$990.00	12	\$11,880.00	November 1, 2022 - October 31, 2023	\$0.275
Testing Area Consideration:			84	\$80,568.00		
c. Total Lease Consideration:			84	\$577,608.00		
d. Option to renew:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	90	Renewal terms: One identical term			
e. Holdover notice:	# of Days required	30	Holdover terms: 5%/90			
f. Term:	Seven (7) Years					
g. Pass-thrus/CAM/Taxes	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
h. Utilities:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant					
i. Janitorial:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	<input type="checkbox"/> 3 day	<input checked="" type="checkbox"/> 5 day	<input type="checkbox"/> Rural 3 day	<input type="checkbox"/> Rural 5 day	<input type="checkbox"/> Other (see remarks)
j. Repairs:	Major:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant	:	<input checked="" type="checkbox"/> Landlord <input type="checkbox"/> Tenant		
k. Comparable Market Rate:	Not Available					
l. Specific termination clause in lease:	Breach/Default lack of funding					
m. Lease will be paid for by Agency Budget Account Number:	4735					

STATEWIDE LEASE INFORMATION

IF THIS LEASE IS FOR A NEW SPACE, RELOCATION, ADDITION TO EXISTING OR REMODEL OF EXISTING SPACE - PLEASE CONFIRM THAT ALL ASSOCIATED COSTS ARE INCLUDED IN YOUR LEGISLATIVELY APPROVED BUDGET.

Yes _____ No _____ Dec Unit _____

IF NO, PLEASE PROVIDE THE APPROVED WORK PROGRAM NUMBER ADDING THE EXPENSE TO YOUR BUDGET

Devin Albeckson 11-18-16
Authorized Agency Signature Date

For Public Works Information:

8. State of Nevada Business License Information:

a. Nevada Business ID Number:	<u>NV19941002810</u>	Exp:	<u>4/30/2017</u>	5
b. The Contractor is registered with the Nevada Secretary of State's Office as	LLC <input checked="" type="checkbox"/>	INC <input type="checkbox"/>	CORP <input type="checkbox"/>	LLP <input type="checkbox"/>
c. Is the Contractor Exempt from obtaining a Business License:	<input type="checkbox"/> YES			<input checked="" type="checkbox"/> NO
*If yes, please explain in exceptions section				
d. Is the Contractors Name the same as the Legal Entity Name?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
e. Does the Contractor have a current Nevada State Business License (SBL)?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
*If no, please explain in exceptions section				
f. Is the Legal Entity active and in good standing with the Nevada Secretary of States Office?	<input checked="" type="checkbox"/> YES			<input type="checkbox"/> NO
g. State of Nevada Vendor number:	<u>T81002908</u>			

9. Compliance with NRS 331.110, Section 1, Paragraph 2:

a. I/we have considered the reasonableness of the terms of this lease, including cost	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
b. I/we have considered other state leased or owned space available for use by this agency	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

[Signature] 11-22-16
Authorized Signature Date
Public Works Division

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SM For Board of Examiners YES NO