REQUESTS FOR PROPOSALS HOMER AIRPORT TERMINAL CITY OF HOMER, ALASKA

Sealed proposals for the leasing spaces at the Homer Airport Terminal will be received at the office of the City Clerk, 491 E. Pioneer Avenue, Homer, AK 99603 by the submittal deadline **4:00 p.m., Monday, January 15, 2018.**

Description of airport spaces and rent/lease fee (see floor plan):

- Concession area (across from RAVN's ticket counter) is 160 sf. \$2 psf plus concession fees and taxes.
- Concession area across from the baggage claim/ramp is 110 sf. \$2 psf plus concession fees and taxes.
- Ticket counter, office and baggage enplanement, 700 sf for \$2,600 per mo. and taxes
- Two Cargo areas at the west end of the airport. 768 sf each for \$2,850 per mo. and taxes

The time of receipt will be determined by the City Clerk's time stamp. Proposals received after the deadline, will not be considered. Applicants are required to submit a City of Homer Proposal Holders Registration form to be on the Proposal Holders List. The City reserves the right to accept or reject any and all proposals and to waive irregularities or informalities in the proposals. There is a \$30 nonrefundable Lease Application fee due with RFP submittal.

For proposal specifications contact:
City Clerk
491 E. Pioneer Avenue
Homer, AK 99603
907-235-3130

Please direct all questions regarding this RFP to the:
City Manager's Office
citymanager@ci.homer.ak.us
491 E. Pioneer Avenue
Homer, AK 99603
907-435-3102

Dated this 28th day of November, 2017

City of Homer

Katie Koester, City Manager

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Acct. 100-0149-5227

Airport Terminal Floor Plan

City of Homer

Add 20% for short-term seasonal leases. psf = per square foot

•Concession area (across from RAVN's ticket counter) is 160 sf. \$2 psf plus concession fees plus taxes.

Description of airport spaces and rent/lease fee:

•Concession area (across from the baggage claim) is 110 sf. \$2 psf plus concession fees plus faxes.

•Ticket counter, office and baggage enplanement area, 700 sf for \$2,600 per mo. plus taxes. Two Cargo areas at the west end of the airport. 768 sf each for \$2,850 per mo. plus taxes.

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City of Homer Lease Application/Assignment Form

Directions:

- 1. Please type.
- 2. Please submit this application form to the City Clerk's Office, 491 Pioneer Avenue, Homer, AK 99603.
- 3. Please answer all questions on this form, or put "N/A" in the space if it is non applicable.

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Applicant Name:	
Mailing Address:	
City, State, ZIP code:	
Business Telephone No.	
Email address:	
Representative's Name:	
Mailing Address:	
City, State, ZIP code:	
Business Telephone No.	
Location within the airport:	
Legal Description:	A portion within the Homer Airport Terminal Building, Lot 5A, Block 800 Homer Airport Tracts.
Legal Description: Type of Business:	
Type of Business: Area and size to be leased:	
Type of Business: Area and size to be leased: Duration of Lease	
Type of Business: Area and size to be leased:	
Type of Business: Area and size to be leased: Duration of Lease requested:	

The following materials must be submitted when applying for a lease of City of Homer real property		
1.	Parking spaces	A drawing of the proposed leased property showing: Parking spaces – needed
2.	Development Plan	List the time schedule from project initiation to project completion, including major project milestones. Dates Tasks
3.	Insurance	Attach a statement of proof of insurability of lessee for a minimum liability insurance for combined single limits of \$1,000,000 showing the City of Homer as co-insured. Additional insurance limits may be required due to the nature of the business, lease or exposure. Environmental insurance my be required. If subleases are involved, include appropriate certificates of insurance.
4.	Subleases	Please indicate and provide a detailed explanation of any plans that you may have for subleasing the property. The City of Homer will generally require payment of 25% of proceeds paid Lessee by subtenants. Refer to chapter 13 of the Property Management Policy and Procedures manual.
5.	Health Requirements	Attach a statement documenting that the plans for the proposed waste disposal system, and for any other necessary health requirements, have been submitted to the State Department of Environmental Conservation for approval. Granting of this lease shall be contingent upon the lessee obtaining all necessary approvals from the State DEC.
6.	Agency Approval	Attach statement(s) of proof that your plans have been inspected and approved by any agency which may have jurisdiction of the project; i.e. Fire Marshall, Army Corps of Engineers, EPA, etc. The granting of this lease shall be contingent upon lessee obtaining approval, necessary permits, and/or inspection statements from all appropriate State and/or Federal agencies.
7.	Fees	All applicable fees must be submitted prior to the preparation and/or execution of a lease. Application fee - \$30.00. Covers costs associated with processing the application. Lease/Assignment fee - \$300.00. Covers the costs of preparing and processing the actual lease.

8.	Financial Data	Please indicate lessee's type of business entity:
		Sole or individual proprietorship.
		Partnership.
		Corporation.
		Other – Please explain:
		Financial Statement – Please attach a financial statement showing the
		ability of the lessee to meet the required financial obligations.
		Surety Information – Has any surety or bonding company ever been
		required to perform upon your default or the default of any of the principals in
		you organization holding more than a 10% interest
		☐ No ☐ Yes. If yes, please attach a statement naming the surety
		or bonding company, date and amount of bond, and the circumstances
		surrounding the default or performance.
		Bankruptcy information - Have you or any of the principals of your
		organization holding more than a 10% interest ever been declared bankrupt or
		are presently a debtor in a bankruptcy action?
		No Yes. If yes, please attach a statement indicating state,
		date, Court having jurisdiction, case number and to amount of assets and debt.
		Pending Litigation – Are you or any of the principals of your
		organization holding more than a 10% interest presently a party to any pending
		litigation?
		No Yes. If yes, please attach detailed information as to
		each claim, cause of action, lien, judgment including dates and case numbers.
9.	Partnership Statement	If the applicant is a partnership, please provide the following:
		Date of organization:
		Type: General Partnership Limited Partnership
		Statement of Partnership Recorded? Yes No
		Where When
		Has partnership done business in Alaska? Yes No
		Where When
		Name, address, and partnership share. If partner is a corporation, please
		complete corporation statement.
		Limited/
		General Name Address Share %
		<u></u>
		-
		Please attach a copy of your partnership agreement.

10.	Corporation Statement	If the applicant is	a corporation, plea	se provide the following:	
		Date of Incorporation:			
		State of Incorporation:			
		Is the Corporation authorized to do business in Alaska?			
		□ No □ Yes. Is so, as of what Date?			
		Corporation is held	? Dublicly	Privately If publicly help	ld, how and
		where is the stock tra	ded?		
		Officers & Principa	l Stockholders [10	⁰ / ₀ +]:	
		<u>Name</u>	<u>Title</u>	Address	<u>Share</u>
		☐ Please furnish a	copy of Articles o	f Incorporation and By-la	ws.
		Please furnish name and title of officer authorized by Articles and/or laws to execute contracts and other corporate commitments.			and/or By-
		<u>Name</u>	<u>Titl</u>	<u>e</u>	

11.	Applicant References	Please list four persons or firms with whom the Applicant or its owners have
		conducted business transactions with during the past three years. Two
		references named shall have knowledge of your financial management history,
		of which at least one must be your principal financial institution. Two of the
		references must have knowledge of your business expertise.
		Name:
		Firm:
		Title:
		Address:
		Telephone:
		Nature of business association with Applicant:
		Name:
		Firm:
		Title:
		Address:
		Telephone:
		Nature of business association with Applicant:
		Name:
		Firm:
		Title:
		Address:
		Telephone:
		Nature of business association with Applicant.
		Name:
		Name:
		Firm:
		Title:
		Address: Telephone:
		Nature of business association with Applicant:
	I hereby certify that th Signature:	te above information is true and correct to the best of my knowledge. Date:
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