

FORM 8.1

PRE-PROPOSAL MEETING ATTENDANCE FORM

There will be two (2) non-mandatory informational meetings conducted on July 9, 2019 and July 18, 2019.

Please complete the information below and return via email to **seatacshops@portseattle.org** to be received no later than **July 2, 2019**.

Company Name:

Company Contact:

Telephone Number/Facsimile Number: /

Email Address:

Preferred Meeting Date	July 9, 2019	July 18, 2019
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Attendees

Full Name

Full Name:

Full Name

THERE WILL NOT BE A TOUR OF THE AVAILABLE UNITS. THE PORT WILL ILLUSTRATE IN THE PRE-PROPOSAL MEETING THE LOOK AND FEEL ON THE REMODEL THAT IS CURRENTLY TAKING PLACE.

FORM 8.2

PROPOSER'S CERTIFICATION

By submitting a Proposal, Proposer understands, agrees and warrants that:

- Proposer has carefully read and fully understands the information provided in this CEP/ RFP, including, by not limited to Section 7, Paragraph 3 - Competitive Integrity
- Proposer has the capability to successfully undertake and complete the responsibilities and obligations of the proposal being submitted
- All information in the Proposal is true and correct
- The Port has the right to negotiate fees and other items it deems appropriate for the benefit of the Port and the traveling public
- The Port has the right to make any inquiry it deems appropriate to substantiate or supplement information supplied by the Proposer, and Proposer hereby grants the Port permission to make said inquiries and to provide any and all requested documentation in a timely manner

Dated this _____ day of _____, 2019.

Proposer

By: _____

Title: _____

(TO BE ACCEPTED, ALL PROPOSERS MUST SIGN THIS CERTIFICATION.)

ALL PROPOSAL FORM(S) MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE LEGAL ENTITY SUBMITTING THE PROPOSAL (I.E., THE PROPOSER). IF NOT SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE PROPOSER, THE PROPOSAL WILL BE DEEMED NON-RESPONSIVE AND NOT SCORED.

FOR EXAMPLE, IF THE PROPOSER IS A JOINT VENTURE, PROPOSAL FORM(S) MUST BE SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE JOINT VENTURE (NOT JUST ONE OF THE JV MEMBERS) AND THE INDIVIDUAL SIGNING SHOULD BE SIGNING IN HER/HIS CAPACITY AS IT RELATES TO THE JV (NOT A JV MEMBER).

FORM 8.3

PROFORMA

Respondent will need to submit the Proforma using the Excel file provided as part of this CEP/RFP

FORM 8.3
Seattle - Tacoma International Airport
Proforma Statement, Lease Group 4A
Package _____
PROFORMA¹

	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	Total
ASSUMPTIONS USED												
Enplanements²	18,567,464	18,773,882	19,337,099	19,917,212	20,514,728	21,130,170	21,764,075	22,416,997	23,089,507	23,782,192	24,495,658	215,221,520
Sales per Enplanement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PROJECTIONS												
Gross Sales:												0
												0
Cost of Goods Sold												0
Gross Profit	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
												0
Expenses												0
Payroll												0
Benefits												0
Utilities												0
Operating Expenses												0
Franchise/License Fees												0
Rent to Port												0
General & Administrative												0
Washington Lease Excise Tax												0
Insurance												0
Other Direct Expenses												0
Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
												0
EBITDA	\$ -											0
Interest, Depreciation, and Amortization	\$ -											0
Net Profit Before Taxes	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0
Total Initial Investment												n/a
Total Midterm Investment												n/a

(1) The term length is 10 years

(2) The enplanements shown are projections only for the purpose of this CEP/RFP and are not guaranteed or meant to assure any future passenger level at the airport. While these enplanements will be used to determine a consistent measure for sales per enplanement among the respondents, each respondent is responsible for independently developing their own projections for this submittal.

FORM 8.4

PORT OF SEATTLE

SEATTLE-TACOMA INTERNATIONAL AIRPORT

PROPOSAL FORM

Company Legal Name (Exactly as it is to appear on the Agreement)

Name and Title (of individual authorized to execute the Agreement on behalf of proposer)

Agreement Mailing Address

City

State

Zip

Telephone Number

Email

Will you execute an Agreement in substantially the same form as the draft provided with the CEP?

Yes **No**

If No please state desired changes:

List the business type of the proposing organization (i.e., corporation, LLC, partnership, joint venture or sole proprietorship)

Attach the following information as relevant:

- If a corporation list the names, addresses and shares of all persons or entities owning ten percent (10%) or more of the Proposer's voting stock;
- If an LLC list the name and address of each member;
- If a partnership list the name, address and share of each partner;
- If a joint venture, list date of organization indicate if the joint venture has done business in the state of Washington and where, and list the name, address and share of each joint venture partner
 - If the joint venture includes an ACDBE or an ACDBE applicant, and it is the desire of the joint venture partners that the ACDBE partner's portion of the sales be applied towards Sea-Tac's ACDBE goal, then the joint venture must be in compliance with the Joint Venture Guidance issued by the U.S. Department of Transportation Federal Aviation Administration in July 2008.
- If a sole proprietorship, list all business names under which such proprietor has done business during the last five (5) years, address(es), how long in business, and state whether registered or authorized to do business in Washington.

List any affiliate of proposer engaged in airports or other large transportation centers, shopping centers, malls, or business districts activities and any corporation with a direct or controlling interest in the proposer, and any subsidiary corporation in which the proposer has a controlling interest and any affiliates.

Please provide the names, addresses, and telephone numbers of at least three (3) credit references, including at least one (1) banking reference.

Credit Reference No. 1:

Company Name and Address

Contact Name, Title, and Telephone Number

Credit Reference No. 2:

Company Name and Address

Contact Name, Title, and Telephone Number

Credit Reference No.3:

Company Name and Address

Contact Name, Title, and Telephone Number

Banking Reference:

Company Name and Address

Contact Name, Title, and Telephone Number

FORM 8.5

Financial Offer Form Package

During each year of the term of the Agreement, for the right and privilege of operating and managing the Premises at the Airport, the undersigned company hereby proposes to pay monthly to the Port beginning on the Rent Commencement Date, the greater of the Minimum Annual Guarantee (MAG) or below:

Flat Rate Percentage Fee of:

Proposed Percentage Fee in Number Format	Proposed Percentage Fee in Words
____%	

OR

Tiered Percentage Fee of: (Add tiers as necessary on a separate sheet of paper using this format.)

Annual Gross Sales	Proposed Percentage Fee in Number Format	Proposed Percentage Fee in Words
Annual Gross Sales less than \$ _____.	____%	
Annual Gross Sales between \$ _____ and \$ _____	____%	
Annual Gross Sales equal to or greater than _____.	____%	

The signature of the Authorized Representative certifies that this Financial Offer is supportable throughout the term of the Agreement.

ATTEST:

(Witness Signature)

(Company Name)

BY: _____
(Signature of Authorized Representative)

(Printed Name of Authorized Representative)

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Form 8.6

Capital Investment Form

Proposers are required to submit their proposed capital investment and indicate the sources of funding to be used for the tenant improvements and working capital. Please complete one form for each unit included in your submittal and one form that includes consolidated information for all units included in your submittal.

Unit/Package Number: _____

Concept: _____

Square Feet: _____

Initial Capital Investment	Amount	Percent of Initial Capital Investment
- Leasehold Improvements	\$ _____	_____ %
- Furnishings, Fixtures and Equipment	\$ _____	_____ %
- Design, Engineering, and Construction Management ⁽¹⁾	\$ _____	_____ %
Total Initial Capital Investment	\$ _____	_____ %
Total Initial Capital Investment/Sq.Ft	\$ _____ /Sq.Ft	

Mid-Term Refurbishment Investment		
- Minimum Mid-Term Refurbishment Investment ⁽²⁾	\$ _____	
- Minimum Mid-Term Refurbishment Investment/Sq.Ft	\$ _____ /Sq.Ft	

Working Capital	
- Amount of Working Capital Available	\$ _____
- Sources of Working Capital (list below)	_____

⁽¹⁾ Must not exceed 12% of Initial Minimum Investment

⁽²⁾ Must be minimum of 15% of the Initial Investment

FORM 8.7

Job Quality, Workforce Training, and Employment Continuity Information Form

Please prepare one Form 8.7 for each package. The total anticipated workforce listed should be specific to the units included in the package and reflect the anticipated staffing levels during the first year of operation.

Name of Proposer

Package Name

11.1 WORKFORCE INFORMATION FOR PROPOSED SEA-TAC LOCATION(S)

Types of Employees	Number of Employees
Full-Time Employees	
Part-Time Employees	
Total Employees:	

Full-time is defined as 30 or more hours of work per week.

Managerial Positions by Title (Please list title for each position)	Number of Managerial Employees by Position
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Subtotal Managerial Employees:	
Non-Managerial Positions by Title (Please list title for each position)	Number of Non-Managerial Employees by Position (B)
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Position: _____	
Subtotal Non-Managerial Employees: (A)	
Total Number of Employees:	

11.2 WAGES AND COMPENSATION IN 2019 DOLLARS

PROPOSED STARTING SALARIES, WAGES AND PAY RANGES BY POSITION FOR SEA-TAC EMPLOYEES

<u>Managerial</u> Positions by Title Listed in Section 11.1	Starting Annual Salary	Pay Range by Position
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		

<u>Non-Managerial</u> Positions by Title Listed in Section 11.1	Starting Hourly Wage (C)	Pay Range
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		
Position: _____		

Average starting wage for all Non-Managerial Employees:

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Average starting wage for all Non-Managerial Employees, less current Proposition 1 minimum hourly wage of \$16.09:

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Calculation: Sum total of (B x C) for every Non-Managerial Position listed above divided by A.
B is the number of non-managerial employees by position in Section 11.1 that corresponds to the above listed positions.

C is the starting hourly wage listed above for each of the positions in **B**.

A is the subtotal of non-managerial employees noted in Section 11.1

11.3 PAID TIME-OFF BENEFITS FOR NON-MANAGERIAL EMPLOYEES

Type of Paid Time-Off Provided by Company	Check all that apply	Accrual Details (i.e., "X" number of benefit hours/per "Y" number of hours worked, etc.)
Full-Time Employees		
Sick Leave Pay		
Vacation Pay		
Combined Sick/Vacation		
Holiday Pay		
Bereavement Pay		
Parental Leave Pay		
Other: _____		
Other: _____		
Other: _____		
Part-Time Employees		
Sick Leave Pay		
Vacation Pay		
Combined Sick/Vacation		
Holiday Pay		
Bereavement Pay		
Parental Leave Pay		
Other: _____		
Other: _____		
Other: _____		

11.4 EMPLOYEE HEALTHCARE BENEFITS FOR NON-MANAGERIAL EMPLOYEES IN 2019 DOLLARS

Please check whether or not healthcare benefits meet or exceed Affordable Care Act (ACA) requirements.	
Benefits Meet ACA:	
Benefits Exceed ACA:	
Non-Managerial Employees	
Please state the average amount per hour that proposer will contribute to the healthcare benefits per non-managerial employee.	_____ per hour
Please state the amount per hour that proposer's non-managerial employees will be required to contribute to their healthcare benefits.	_____ per hour
List all eligibility criteria (minimum length of time employed, minimum number of hours worked per week, and any other requirements) to qualify for these healthcare benefits.	
Percentage of Non-Managerial Employees that will receive healthcare benefits during the first year of operation.	_____ Percent

11.5 RETIREMENT BENEFITS FOR NON-MANAGERIAL EMPLOYEES IN 2019 DOLLARS

Non-Managerial Employees	
Please state the average amount per hour that proposer will contribute to the retirement benefits per non-managerial employee.	_____ per hour
List all eligibility criteria (minimum length of time employed, minimum number of hours worked per week, and any other requirements) to qualify for these retirement benefits.	
Percentage of Non-Managerial Employees that will receive retirement benefits during the first year of operation.	_____ Percent

Please calculations on how you arrived at the \$ per hour for Healthcare Benefits and Retirement Benefits.

11.6 OTHER BENEFITS FOR NON-MANAGERIAL EMPLOYEES

Other Benefits Provided by Company	Check all that Apply	Please list all eligibility criteria for each benefit (minimum length of time employed, minimum number of hours worked per week, etc.)
Full-Time Employees		
Transit Pass		
Paid Parking		
Shift Meal Allowance		
Wellness Program(s)		
Employee Discounts		
Flexible Schedules		
Airport Badging		
Other: _____		
Other: _____		
Part-Time Employees		
Transit Pass		
Paid Parking		
Shift Meal Allowance		
Wellness Program(s)		
Employee Discounts		
Flexible Schedules		
Airport Badging		
Other: _____		
Other: _____		

11.7 EMPLOYMENT CONTINUITY

IMPORTANT NOTE: If the award of this opportunity will result in the operation of four or more units (where the lease(s) for those units were first effective on or after November 25, 2014), the proposer is <u>required</u> to make these commitments.		
	Yes	No
If the award will result in the operation of 1 to 3 units: Proposer agrees to <u>interview</u> qualified, non-managerial, non-supervisory and non-confidential employees from the Port's Employment Continuity Pool, managed by a third-party vendor, before considering applications outside the pool. Proposer also agrees that employees that may be hired from the pool will be retained for a minimum 90-day "trial period."		
If the award will result in the operation of 4 or more units: Proposer agrees to <u>hire</u> qualified, non-managerial, non-supervisory and non-confidential employees from the Port's Employment Continuity Pool, managed by a third-party vendor, before considering applications outside the pool. Proposer also agrees that employees that may be hired from the pool will be retained for a minimum 90-day "trial period."		

11.8 EMPLOYEE TRAINING

Please describe in detail employee training practices, including customer service, merchandise/menu, and store operations training or any other training programs unique to the proposed concepts. For each training practice, please state whether or not employees are paid for the time spent.

1. Average starting wage for non-managerial staff, less current Proposition 1 minimum hourly wage of \$16.09 (section 11.2)

2. Healthcare Contribution* (per hour x 1st year participation)

3. Retirement Contribution* (per hour x 1st year participation)

Total of items 1, 2, and 3 immediately above:

* Non-Managerial Staff, inputs in sections 11.4, and 11.5

AMENDED FORM 8.8 CEP MINIMUM REQUIREMENTS FORM

Company:

The minimum qualifications and requirements for any Proposer responding to this CEP shall be as follows:

1. At least eighteen (18) months of experience in food service, retail, and/or service operations at airports, transportation facilities, shopping centers, or business districts. Such prior experience must be with operations of similar complexity generating a sales volume of similar size to that being proposed.

2. Must never have had an agreement terminated for cause. Yes No

3. Must be fully compliant with the City of SeaTac Proposition I (Prop I) and demonstrate such by answering these questions:
 - A. Do you currently operate a business covered by City of SeaTac Proposition I (Prop I)?

 Yes No

 - B. If the answer to question 3A is "Yes", please state whether you have provided your employees with wages and benefits that met or exceed the requirements of Prop I since January 1, 2014.

 Yes No

 - C. If the answer to 3B is "No", please state how you have otherwise addressed the requirements.

If you have not addressed, in the sole opinion of the Port, the required employee wages and benefits extending back to January 1, 2014, your firm will be disqualified from participating in this Lease Group process.

4. The Port has significant proprietary interest in the success of the ADR program and so it is in the Port's economic interest to eliminate disruptions to its tenants' operations due to labor disputes that can also negatively impact customers using the Airport as well as airline operations. Therefore all non-exempt Proposers must either:

A. Submit with their proposal a letter on the Proposer's letterhead using the template language provided in Exhibit 3 confirming that they have a Labor Peace Agreement that meets the requirements of Section 1.3.4

or

B. Submit with their proposal a letter on the Proposer's letterhead using the template language provided in Exhibit 3A certifying that if awarded the Package, the Proposer agrees to enter into a Labor Peace Agreement with a Labor Organization that requests a Labor Peace Agreement through the process outlined in Section 1.3.4.2 of the CEP.

C. Small businesses (as determined by the U.S. Small Business Administration criteria), that will have 35 or fewer badged airport employees at the Airport, with the award of any package(s) in this solicitation, will be exempt.

5. Acknowledgment of all Addendum(s) if applicable.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify my submittal from the Lease Group 5 evaluation process.

Date:

Name:

Company:

Title:

Signature:

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