



**STATE OF FLORIDA  
DEPARTMENT OF MANAGEMENT SERVICES  
QUOTE SYNOPSIS**

\_\_\_\_\_  
QUOTE A NAME

\_\_\_\_\_  
LEASE NUMBER

\_\_\_\_\_  
QUOTE B NAME

\_\_\_\_\_  
CITY

\_\_\_\_\_  
QUOTE C NAME

\_\_\_\_\_  
COUNTY

\_\_\_\_\_  
QUOTE D NAME

\_\_\_\_\_  
DISCOUNT RATE

ITEM IN SPECIFICATIONS	QUOTE A	QUOTE B	QUOTE C	QUOTE D
NET SQUARE FOOTAGE				
FREE SPACE				
TYPE OF SPACE				
LOCATION				
DATE AVAILABLE				
BASIC LEASE TERM				
OPTION PERIOD				
SERVICES PROVIDED				
NUMBER OF PARKING SPACES				
TENANT IMPROVEMENTS				
PUBLIC TRANSPORTATION				
HANDICAPPED FACILITIES				
AGREES TO DMS LEASE				
AGREES TO DISCLOSURE				
FLOOR PLANS				
SECURITY REQUIREMENTS				



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**BASIC TERM**

FIRST YEAR				
SECOND YEAR				
THIRD YEAR				
FOURTH YEAR				
FIFTH YEAR				
SIXTH YEAR				
SEVENTH YEAR				
EIGHTH YEAR				
NINTH YEAR				
TENTH YEAR				

**PROPOSED RATE (BASIC)**

SUM PRESENT VALUE ALL YEARS				
PRESENT VALUE PER/SQ.FT. YEAR ALL YEARS				

**OPTION PERIOD**

FIRST YEAR				
SECOND YEAR				
THIRD YEAR				
FOURTH YEAR				
FIFTH YEAR				
SIXTH YEAR				
SEVENTH YEAR				
EIGHTH YEAR				
NINTH YEAR				
TENTH YEAR				



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**PROPOSED RATE (OPTION)**

SUM PRESENT VALUE ALL YEARS				
PRESENT VALUE PER SQ. FT./YEAR ALL YEARS				

**JUSTIFICATION FOR QUOTE SLECTION**

**We chose this location for the following reasons**

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**SYNOPSIS CERTIFIED ACCURATE BY:**

**POSITION:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_