

Board of Commissioners of Cook County

Legislation Details (With Text)

File #: 18-3099 Version: 1 Name: CHDG Phase 1A1 Sublessee, LLC 1835 Harrison

(Old Cook County)

Type: Lease Agreement Status: Approved

File created: 4/5/2018 In control: Board of Commissioners

On agenda: 4/25/2018 Final action: 4/25/2018

Title: PROPOSED LEASE AGREEMENT

Department: Department of Real Estate Management

Request: Approval of a (New) Lease Agreement

Landlord: CHDG Phase 1A1 Sublessee, LLC

Tenant: County of Cook

Location: 1835 W. Harrison Street, 60612

Term/Extension Period: Ten (10) years subject to completion of tenant improvements.

(Estimated to be 8/1/2019)

Space Occupied: 71,055 square feet

Monthly Rent:

Year	Rent PS	SF Montl	nly Annual
109 \$2	2.00	\$130,267.50	\$1,563,210.00
109 \$2	2.55	\$133,524.19	\$1,602,290.25
109 \$2	3.11	\$136,840.09	\$1,642,081.05
109 \$2	3.69	\$140,274.41	\$1,683,292.95
109 \$2	4.28	\$143,767.95	\$1,725,215.40
109 \$2	4.89	\$147,379.91	\$1,768,558.95
109 \$2	5.51	\$151,051.09	\$1,812,613.05
109 \$2	6.15	\$154,840.69	\$1,858,088.25
10	9 \$26.8	0 \$158	689.50 \$1,904,274.00
10	\$27.47	\$162,656.74	\$1,951,880.85

Rent Reserve: Tenant shall deposit and maintain with Landlord a reserve in the amount equal to one monthly installment of Base Rent plus one monthly installment of Adjustment Rent.

Fiscal Impact: Approval of this item would commit Fiscal 2019-2029 funds

Accounts: 890 and 896-690/550130 Rental of Facilities

Option to Renew: Tenant shall have three (3), ten (10) year options to renew with not less than 12 months and not more than 30 months prior to the end of the then-current term.

Termination: NA

Utilities Included: No (In addition to Base Rent, Tenant shall be responsible for its proportionate share of real estate taxes estimated at \$1.31 psf and an expected initial operating expense of more than \$4.40 psf)

File #: 18-3099, Version: 1

Summary/Notes: CCHHS will utilize the premises for physical therapy, durable medical equipment (DME) as well as office space for Integrated Care Management and Health Information Systems offices.

This Lease Agreement is being submitted simultaneously for approval by Health & Hospitals System board at their next available meeting.

Sponsors:

Indexes: (Inactive) JESSICA CAFFREY, Director, Real Estate Management Division, (Inactive) JOHN JAY

SHANNON, MD, Chief Executive Officer, Cook County Health & Hospitals System

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
4/25/2018	1	Board of Commissioners	approve	Pass

PROPOSED LEASE AGREEMENT

Department: Department of Real Estate Management

Request: Approval of a (New) Lease Agreement

Landlord: CHDG Phase 1A1 Sublessee, LLC

Tenant: County of Cook

Location: 1835 W. Harrison Street, 60612

Term/Extension Period: Ten (10) years subject to completion of tenant improvements.

(Estimated to be 8/1/2019)

Space Occupied: 71,055 square feet

Monthly Rent:

Rent PSF	Monthly	Annual
\$22.00	\$130,267.50	\$1,563,210.00
\$22.55	\$133,524.19	\$1,602,290.25
\$23.11	\$136,840.09	\$1,642,081.05
\$23.69	\$140,274.41	\$1,683,292.95
\$24.28	\$143,767.95	\$1,725,215.40
\$24.89	\$147,379.91	\$1,768,558.95
\$25.51	\$151,051.09	\$1,812,613.05
\$26.15	\$154,840.69	\$1,858,088.25
\$26.80	\$158,689.50	\$1,904,274.00
\$27.47	\$162,656.74	\$1,951,880.85
	\$22.00 \$22.55 \$23.11 \$23.69 \$24.28 \$24.89 \$25.51 \$26.15 \$26.80	\$22.00 \$130,267.50 \$22.55 \$133,524.19 \$23.11 \$136,840.09 \$23.69 \$140,274.41 \$24.28 \$143,767.95 \$24.89 \$147,379.91 \$25.51 \$151,051.09 \$26.15 \$154,840.69 \$26.80 \$158,689.50

Rent Reserve: Tenant shall deposit and maintain with Landlord a reserve in the amount equal to one monthly installment of Base Rent plus one monthly installment of Adjustment Rent.

Fiscal Impact: Approval of this item would commit Fiscal 2019-2029 funds

Accounts: 890 and 896-690/550130 Rental of Facilities

Option to Renew: Tenant shall have three (3), ten (10) year options to renew with not less than 12 months and not more

File #: 18-3099, Version: 1

than 30 months prior to the end of the then-current term.

Termination: NA

Utilities Included: No (In addition to Base Rent, Tenant shall be responsible for its proportionate share of real estate taxes estimated at \$1.31 psf and an expected initial operating expense of more than \$4.40 psf)

Summary/Notes: CCHHS will utilize the premises for physical therapy, durable medical equipment (DME) as well as office space for Integrated Care Management and Health Information Systems offices.

This Lease Agreement is being submitted simultaneously for approval by Health & Hospitals System board at their next available meeting.