

REQUEST FOR APPROVAL TO LEASE SPACE

REQUEST WILL NOT BE REVIEWED UNTIL THE CORRECT FLOOR PLANS ARE RECEIVED.

PROPOSAL TO NEGOTIATE (FOR 9,999 SQ. FT. OF USABLE SPACE AND UNDER) REQUEST MUST BE ACCOMPANIED BY A 1/4" OR 1/8" SCALE, FULLY DIMENSIONED FLOOR PLAN OF THE SPACE TO BE OCCUPIED. IF PLAN INCLUDES MORE THAN ONE AREA TO BE OCCUPIED, AREA OF OCCUPANCY MUST BE CLEARLY IDENTIFIED ON THE PLAN. EACH AREA/ROOM/OFFICE MUST BE CLEARLY MARKED WITH ITS INTENDED USE. THE FLOOR PLANS MUST ALSO DEPICT ALL PROPOSED CONDITIONS SUCH AS WALLS, WINDOWS, DOORS, MECHANICAL ROOMS, ELEVATORS, ENTRYWAYS AND EXITS.

*** PRINTED FLOOR PLANS MUST BE SUBMITTED TO SCALE. DO NOT SEND DIGITAL/EMAILED FLOOR PLANS. MAIL THEM OR HAND DELIVER THEM ONLY.***

In negotiating with the potential lessor, you are required to provide them with a copy/draft of the standard state lease that will be issued to them. You must ensure that the potential lessor is in agreement with all terms of the lease before you submit your request to our office to issue the lease documents for signature. Please acknowledge that you have done this before submitting your request by checking the below box. A copy of the standard state lease agreement can be found on the Division of Administration website under the Real Estate Leasing Section.

YES NO

MAIL COMPLETED FORM TO:

Division of Administration
Facility Planning and Control
Real Estate Leasing Section
Post Office Box 94095
Baton Rouge, Louisiana 70804-9095

TYPE OF SPACE BEING REQUESTED (OFFICE, WAREHOUSE, MINI-STORAGE, ETC)

1. FROM: (Department Name)
(Section and/or Unit Name)
(FACS Agency Number)

2. Name, title, address and phone number of person authorized to enter into and sign leases for the agency. (If other than Department Secretary, delegation from the Secretary must be on file with Facility Planning and Control.)
(Name and Title)
(Address)
(City/State/Zip) (Phone #)

3. Complete address of requested rental location:
(Street Address) (Year Constructed)
(City/State/Zip)
(Current Lease Number, if applicable) (Expiration Date of Current Lease, if applicable)

Is any of the requested space located on the ground floor?
Yes No
If "yes", please indicate on the floor plans, the areas located on the ground floor if not already indicated.

4. Name and address of proposed Lessor and Payee (if different from Lessor address):

_____ (Lessor's Company Name)	_____ (Lessor/Payee's Name)
_____ (Individual Name, if applicable)	_____ (Lessor/Payee's Address)
_____ (Lessor's Mailing Address)	_____ (Lessor/Payee's City/State/Zip)
_____ (Lessor's City/State/Zip)	_____ (Lessor's Phone #)

5. List below all locations considered indicating prices quotes and reasons each location was not acceptable to your agency.

NOTE: Please submit three (3) written proposals with this request, in accordance with Title 34, Part III, Chapter 5, Section 503.B.1. A WRITTEN PROPOSAL LETTER FROM THE LESSOR OF THE SITE CHOSEN MUST BE SUBMITTED WITH THIS REQUEST AND MUST INDICATE A MONTHLY OR ANNUAL RENT.

6. The standard state lease can be issued for up to ten (10) years. If these terms are satisfactory, leave the spaces below blank. If terms other than these are required, please indicate below and explain the need for the terms requested:

Start date of lease: _____ Primary term: ____ Years Option Term: ____ Years

EXPLANATION: _____

7. The standard state lease requires the lessor to be responsible for utilities and janitorial services. If these terms are satisfactory, leave the spaces below blank. If terms other than these are required, please indicate below and explain the need for the terms requested:

Utilities: _____ No Janitorial: _____ No

EXPLANATION: _____

8. RENTAL PAYMENTS: Please indicate below, the price per month or annual rental amount requested by the lessor and agreed to by the agency for the new location:

\$ _____ per month
\$ _____ annual rental amount

LESSOR IS TO QUOTE A MONTHLY OR ANNUAL RENTAL AMOUNT

A. FUNDING: _____% Federal _____% General Fund _____% Self-Generated
_____ % Stat Ded _____ % IAT

B. Amount budgeted for rental of space requested: \$ _____ annually

C. Total number of parking spaces required: _____
_____ employees _____ clients _____ state vehicles

9. SPACE REQUIREMENTS:

TOTAL AMOUNT OF SPACE REQUESTED: _____ sq ft

This request must be signed by the three (3) individuals indicated below. Their signature certifies that sufficient funds are available in your department's budget for the rental obligations.

SIGNED: _____ **DATE:** _____
(Person in charge of occupying the space)

I certify that funds are available for the rental of office space at the above location for the listed annual rent.

SIGNED: _____ **DATE:** _____

I concur with this space request.

SIGNED: _____ **DATE:** _____
(Person authorized to sign leases for Department. If other than the Secretary/Head of the Department, written authorization must be on file with Facility Planning and Control – Real Estate Leasing Section)