

REQUEST FOR APPROVAL TO LEASE SPACE

PROPOSAL TO NEGOTIATE (FOR 4,999 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. A DETAILED SITE PLAN MUST ALSO BE SUBMITTED WHICH WILL DEPICT THE PARKING AREA TO BE USED BY THE AGENCY AND MUST BE IN SUCH DETAIL AS TO INDICATE THE LAYOUT OF THE PARKING AREA, NUMBER OF PARKING SPACES, EXITS AND ENTRANCES INTO THE PARKING AREAS, PROPERTY LINES, RIGHTS-OF-WAY, SERVITUDES, SIDEWALKS AND BORDERING STREETS.

DEFINITIONS:

USABLE SPACE: Usable space is the floor area occupied by the Lessee excluding exterior walls, equipment rooms (mechanical, electrical, telephone, and other building system rooms), dedicated corridors, main lobbies, entrances, rest rooms, common space, stairwells, and elevators. The area is measured from the interior face of the exterior wall to the interior face of the wall defining the usable space. Usable space does include required internal circulation. (SEE ILLUSTRATIONS ATTACHED).

OFFICE SPACE: Office space is space required by the agency for use as offices, work stations, reception areas, conference rooms, storage, break areas, etc.

INTERNAL CIRCULATION: Internal circulation is any space used for circulation within the area designed for the agency such as corridors leading to offices and other spaces, pathways around desks or work stations, etc. that would be used only by that agency. (SEE ILLUSTRATIONS ATTACHED).

MAIL TO:

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

FUNCTIONS TO BE PERFORMED OR SERVICES TO BE PROVIDED AT THE REQUESTED LEASED LOCATION:

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. **Current address of office which will occupy the new space:**

(Address)

(City/State/Zip) _____
(Phone #)

(Current Lease Number, if applicable) _____
(Expiration Date of Current Lease, if applicable)

4. Name and address of current lessor, if applicable:

(Name)

(Address)

(City/State/Zip)

5. If request is to vacate state-owned space, please indicate the number of square feet currently being occupied: _____ sq ft

Reason present state-owned space is not satisfactory:

If vacating state-owned space to allow others to expand, what is the intended use of the space being vacated? Provide as much information as is available, i.e., who will occupy vacated space, etc.

What is possibility of occupying other or additional state-owned space within same area/building? Provide information regarding contacts made and results of those contacts.

6. Date when occupancy of new leased space is required: _____

7. 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 #)

8. Complete address of requested rental location:

_____ (Street Address)	_____ (Year Constructed)
_____ (City/State/Zip)	

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.

9. 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.

10. LEASE TERMS:

A. The standard state lease is for a primary term of five (5) years with an option to extend for five (5) additional 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:

Primary term: _____ years Option term: _____ years

EXPLANATION: _____

B. 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: _____

RENTAL PAYMENTS: Please indicate below, the price per month requested by the lessor and agreed to by the agency for the new location:

\$ _____ per month or annual rental amount

LESSOR IS TO QUOTE A MONTHLY RENTAL AMOUNT

COMMENTS: _____

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

D. Amount budgeted for rental of space requested: \$ _____ per year

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

11. SPECIAL EQUIPMENT:

List any equipment which requires special surroundings, equipment, structural requirements, etc. Specify in detail (i.e. special electrical outlets or requirements, separate grounding, additional air conditioning, etc.)

12. HOURS OF OPERATION: Please complete the following section indicating the hours of operation for which the building must be heated and cooled. If conditions other than a standard eight-hour, five-day work week are required, please explain below.

Between the hours of _____ a.m. and _____ p.m., _____ days per week,

 (day) through (day) _____
 (day) (day)

Explanation: _____

16. SPACE REQUIREMENTS:

LIST THE TYPE OF ROOMS, SQUARE FEET, AND OTHER INFORMATION AS INDICATED BASED ON THE SPACE ENTITLEMENTS. IF YOU BELIEVE THE REQUIREMENT OF A PARTICULAR SPACE EXCEEDS THE SPACE ENTITLEMENT, SUBMIT JUSTIFICATION FOR THIS ADDITIONAL SPACE.

A. TOTAL AMOUNT OF SPACE REQUESTED: _____ sq ft

B. COMMON FUNCTION REQUIREMENTS: _____ Total sq ft

1. Kitchen: _____ Total sq ft

Equipped with work counter _____ ft. long, with upper and lower cabinets, drawers, and a standard kitchen sink with hot and cold running water, space for full-sized refrigerator, and two (2) 110 volt dedicated outlets for the refrigerator and microwave oven owned by the Lessee.

2. Reception/Waiting Room(s) _____ Total sq ft

a. Waiting Area _____ sq ft

Average number of people to use this area per day: _____
Average number of people to use this area at any one time: _____

b. Reception Area _____ sq ft

Number of employees and Civil Service Title(s) to be housed in this area:

3. Conference Room(s) _____ Total sq ft

a. _____ room(s) @ _____ sq ft = _____ total sq ft

Average number of people to use this room per day: _____
Average number of people to use this room at any one time: _____
Average times per week this room will be used: _____
How often will this room be used to its fullest capacity? _____

b. _____ room(s) @ _____ sq ft = _____ total sq ft

Average number of people to use this room per day: _____
Average number of people to use this room at any one time: _____
Average times per week this room will be used: _____
How often will this room be used to its fullest capacity? _____

4. Storage Room(s) _____ Total sq ft

List under Comments, items to be stored in this area(s) as well as approximate sizes. Also, list any special equipment to be stored in this area(s).

a. _____ room(s) @ _____ sq ft = _____ total sq ft

Comments: _____

b. _____ room(s) @ _____ sq ft = _____ total sq ft

Comments: _____

COMMON FUNCTION REQUIREMENTS (continued):

5. File Room(s) _____ Total sq ft

List under Comments the number and sizes of file cabinets to be used in this area(s). Also, list any special equipment to be used in this area(s).

a. _____ room(s) @ _____ sq ft = _____ total sq ft

Comments: _____

b. _____ room(s) @ _____ sq ft = _____ total sq ft

Comments: _____

6. Other: _____ Total sq ft

List under Comments the purpose of these areas as well as any special equipment to be used in this area.

a. **Room Name** _____ # of room(s) @ _____ sq ft = _____ total sq ft

Comments: _____

b. **Room Name** _____ # of room(s) @ _____ sq ft = _____ total sq ft

Comments: _____

c. **Room Name** _____ # of room(s) @ _____ sq ft = _____ total sq ft

Comments: _____

C. ADMINISTRATIVE AREA REQUIREMENTS: _____ Total sq ft

- 1. _____ offices @ _____ sq ft = _____ total sq ft
- 2. _____ offices @ _____ sq ft = _____ total sq ft
- 3. _____ offices @ _____ sq ft = _____ total sq ft
- 4. _____ offices @ _____ sq ft = _____ total sq ft
- 5. _____ offices @ _____ sq ft = _____ total sq ft
- 6. _____ offices @ _____ sq ft = _____ total sq ft
- 7. _____ offices @ _____ sq ft = _____ total sq ft
- 8. _____ offices @ _____ sq ft = _____ total sq ft
- 9. _____ offices @ _____ sq ft = _____ total sq ft
- 10. _____ offices @ _____ sq ft = _____ total sq ft
- 11. _____ offices @ _____ sq ft = _____ total sq ft
- 12. _____ offices @ _____ sq ft = _____ total sq ft
- 13. _____ offices @ _____ sq ft = _____ total sq ft
- 14. _____ offices @ _____ sq ft = _____ total sq ft

D. AREAS OF SPECIALIZED FUNCTIONS: _____ **Total sq ft**

(Include areas such as data processing, computer rooms, laboratories, drafting rooms, radio equipment rooms, antenna mounting requirements, etc. List any special features and/or structural requirements which the Lessor should provide in these areas.)

1. Room Name _____ # of room(s) @ _____ sq ft = _____ total sq ft
Type of Space and Requirements needed: _____

2. Room Name _____ # of room(s) @ _____ sq ft = _____ total sq ft
Type of Space and Requirements needed: _____

3. Room Name _____ # of room(s) @ _____ sq ft = _____ total sq ft
Type of Space and Requirements needed: _____

4. Room Name _____ # of room(s) @ _____ sq ft = _____ total sq ft
Type of Space and Requirements needed: _____

17. ADDITIONAL COMMENTS/EXPLANATIONS:

This area is to be used as a continuation sheet for any comments or explanations you may feel necessary for any item on this form. When using this sheet, please indicate the item number which corresponds to the section you are continuing. (i.e. For additional explanations for parking areas, you would indicate 9.D as the Item Number.) Attach additional pages if necessary.

<u>Item Number</u>	<u>Comments/Explanations</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

18. This request must be signed by the three (3) people indicated below. Their signature certifies that sufficient funds are available in your department's budget for the rental obligations as listed in Item Number 10.B.for the housing of the budget unit.

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)