

**RL-2(B) Form  
REQUEST FOR PROPOSAL  
04/2026**

**REQUEST FOR APPROVAL TO LEASE SPACE**

**REQUEST FOR PROPOSAL (for 10,000 sq. ft. of usable area and above)**

**EMAIL, MAIL OR DELIVER COMPLETED FORM TO:**

**Email**

FPCREL@LA.GOV

**Mail**

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

**Courier or Delivery**

Division of Administration  
Facility Planning and Control  
Real Estate Leasing Section  
1201 North 3<sup>rd</sup> Street, the Claiborne Building, Suite 7-160  
Baton Rouge, Louisiana 70802

**1. FROM:**

\_\_\_\_\_  
*(Department Name)*

\_\_\_\_\_  
*(Division and/or Unit Name)*

\_\_\_\_\_  
*(FACS Agency Number)*

**2. Name, title, address, email 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)*

\_\_\_\_\_  
*(email)*

\_\_\_\_\_  
*(City/State/Zip)*

\_\_\_\_\_  
*(Phone #)*

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

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City/State/Zip Code)*

\_\_\_\_\_  
**Current Lease Number**

\_\_\_\_\_  
**Expiration Date of Current Lease**

**4. Will the new lease remain in the current parish? Or is a new parish location needed/desired?**

\_\_\_\_\_

**5. Name and address of current Lessor:**

\_\_\_\_\_  
*(Name)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City/State/Zip Code)*

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6. Budgeted monies for rental of requested space \$ \_\_\_\_\_/per year.

\_\_\_\_\_ % Federal    \_\_\_\_\_ % General Fund    \_\_\_\_\_ % Self-Generated  
\_\_\_\_\_ % Stat Ded    \_\_\_\_\_ % IAT

7. **LEASE TERMS:**

A. Primary Term: \_\_\_\_\_ Years      Option Term: \_\_\_\_\_ Years

B. Total number of parking spaces required: \_\_\_\_\_

\_\_\_\_\_ Employees      \_\_\_\_\_ Clients/Visitors      \_\_\_\_\_ Secured State Vehicles

8. **TOTAL NUMBER OF OCCUPANTS TO BE HOUSED IN THE SPACE:** \_\_\_\_\_

Please provide a list of all employees. Make sure to include the Civil Service Title and employee Name or “vacant”, only include positions that your office has the funding to staff.

9. **SPACE REQUIREMENTS:**

Total Amount of space requested, excluding circulation \_\_\_\_\_ sq. ft.

10. **GEOGRAPHICAL BOUNDARIES**

Give geographical area needed. Within the City Limits or within the Parish Limits is sufficient for geographical boundaries when advertising for Proposals. Please specify which your agency requires.

\_\_\_\_\_ **Within City Limits**      \_\_\_\_\_ **Within Parish Limits**

11. **This request must be signed by the two (2) people indicated below:**

SIGNED \_\_\_\_\_  
(person in charge of occupying the space)

DATE \_\_\_\_\_

SIGNED \_\_\_\_\_  
(person authorized to sign leases on behalf of the agency)

DATE \_\_\_\_\_