

REQUEST TO LEASE NEW SPACE

(Complete separate form for each location)

Instructions:

- 1. Requesting agency to complete all information below.
- 2. Compose email outlining request and pertinent information not solicited in form; attach any necessary documents.
- 3. Download form before obtaining signature of Department Cabinet Secretary (Form must be downloaded to accept signature).
- 4. Forward email and form to the Real Property Administrator.

A. CURRENT STATUS					
Current date (month/day/year)		Name of requesting department	Name of requesting department / division		
Current address (number and stre	eet)				
City, state, ZIP code					
Current square footage		Current square foot lease rate	Does this rate include all utilities and services?		
Current lease expiration date:		List additional expenses, if any:			
B. STAFFING INFORMATION					
Number of full-time employees including pay grades					
Number of casual/seasonal employees including pay grades					
Number of employees participati	ng in a hybrid schedule/teleco	mmuting			
Number of any other type of employees working out of your office and their titles					
	C. SPACE	INFORMATION			
Desired square footage		Desired term	Timeline requirements		
Proposed location					
Are there any other state agencies you need to be located nearby? Are there any restrictions on neighbors?					
Check the item(s) needed in the space:					
Private offices	Number of offices				
Cubicles/workstations	Number of cubicles	Size of cubicles			
Hoteling area					
Reception area					
Lobby					
Conference room	Number of conference room	S			

Storage room/area			
File room			
Mailroom			
Lactation room			
Loading dock			
Public entrance			
Sound proofing			
Explain why more space is needed	I, including previous attempts	to redesign existing space more e	fficiently.
Amount and source of funds appropriated for leasing space		If grant funds will be used to pay for the leased space, what source of funds will be used once the grant ends?	
Estimated one-time expense for physical move (Agency responsibility)		Estimated one-time expense for renovations, furniture, telephone/data, etc. (Agency responsibility)	
Department Cabinet Secretary		BDI	P Analyst
		Check here once BDP Ar	nalyst has approved via email
Signature	Date	Name	Date Approved
J			
Director, DFM		Director, Office of Management and Budget	
Signature	Date	Signature	Date
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OMB's approval does not guarantee additional funds will be available in future budgets to support the increased amount in each lease year due to escalation. The agency must be prepared to cover all increasing costs associated with lease terms beyond the first year.