

REQUEST FOR APPROVAL TO LEASE OFFICE SPACE

Department Name _____ Business Unit: _____

Dept. Contact Name: _____

Telephone Number _____ Email: _____

Please answer the following questions and attach justification on Department Letterhead

1. Location of Space to be leased:

2. Landlord's Name and Address:

3. Can this program be housed in a state-owned building? Yes _____ No _____
If yes, please explain:

4. Relocation from other leased space Yes _____ No _____
If so, where:

5. Type of Lease: New _____ Renewal _____ Modification _____
Original Term of Lease: _____ to _____
MM/DD/YYYY MM/DD/YYYY
Number of Renewals negotiated with landlord _____. Are the renewals at the same terms (cost)? Yes _____ No _____
Size of Space: Net square feet requested _____
6. Letter of Agency Staffing (LAS) attached: Yes _____
(Form Available on web page)
Is space requested in excess of Letter of Agency Staffing allowance: Yes _____ No _____
If yes, cover reasons in your justification.
7. Justification on Department Letterhead Attached: Yes _____
Brief statement of program activities and why you need to lease space: In the letter of justification, describe search and selection of space, including price quotations from at least two (2) sources **and** complete the Conflict of Interest form for Leased Space.
(Form Available on Purchasing Web Page)

8. Will this lease result in the need for new, additional, or relocation of telephone equipment or service? Yes _____ No _____ **(If yes, contact Telecommunications).**

- 9. Department contact person responsible for space selection and/or bid specifications

Name: _____

Telephone Number: _____ Email: _____

The undersigned certifies that the space criteria standards published by the Department of Management Services have been used to compute space requirements and the lease will not provide excess space, unless otherwise justified. I, also, certify that no state owned space is available for this department / project.

 Department Signature Title Date

Approval to lease is granted and all supporting documents have been reviewed.

 Dean/ Director Date

I certify that there is no state owned space available for this department / project.

 Vice President or Provost Date

Approval to lease is granted and all supporting documents have been reviewed.

 Purchasing Director or designee Date