

**RL-2(B) Form  
REQUEST FOR SEALED BIDS  
08/2022**

**REQUEST FOR APPROVAL TO LEASE SPACE**

**REQUEST FOR SEALED BIDS (for 5,000 sq. ft. of usable area and above)**

**MAIL COMPLETED FORM 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 THIS LEASED LOCATION:**

**1. FROM:**

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

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

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

**2. Name, title, address and telephone 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 Code)*

\_\_\_\_\_  
*(Telephone #)*

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

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

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

\_\_\_\_\_  
*(Telephone #)*

\_\_\_\_\_  
**Current Lease Number**  
(if applicable)

\_\_\_\_\_  
**Expiration Date of Current Lease**  
(if applicable)

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

\_\_\_\_\_

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**4. Name and address of current Lessor, if applicable:**

\_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(City/State/Zip Code)

**5. If request is to vacate state owned space, please indicate the amount of square feet currently being occupied. \_\_\_\_\_ sq. ft.**

Reason present state-owned space is not satisfactory:

\_\_\_\_\_  
\_\_\_\_\_

**6. Occupancy date required for leased space \_\_\_\_\_**

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

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

**8. 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

**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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**C. Total number of parking spaces required: \_\_\_\_\_**

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

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**9. 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 list below.

Between the hours of \_\_\_\_\_ a.m. and \_\_\_\_\_ p.m., \_\_\_\_\_ days per week,  
\_\_\_\_\_ through \_\_\_\_\_ .  
(day) (day)

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. REST ROOMS: Number of Employees \_\_\_\_\_**

Average number of clients/visitors per day, if applicable: \_\_\_\_\_  
Lessor will be required to provide adequate rest rooms to meet code requirements based on the number of employees and clients.

**11. COMMUNICATIONS REQUIREMENTS: Questions concerning telephone service or other communications items should be addressed to:**

**OFFICE OF TELECOMMUNICATIONS  
Customer Services - (225) 342-1000  
Post Office Box 94280, Baton Rouge, Louisiana 70804-9280**

- A. Number of telephone outlet locations (fax, modem, etc.): \_\_\_\_\_
- B. Number of main answering station locations (Attendant Consoles): \_\_\_\_\_
- C. Number of line monitoring locations (LSI's): \_\_\_\_\_
- D. Number of lines monitored per LSI: \_\_\_\_\_
- E. Number of telephone company data circuit outlet locations (56K, T-1, etc.): \_\_\_\_\_
- F. Number of telephone company fire and/or security alarm circuits: \_\_\_\_\_
- G. Number of paging microphone locations: \_\_\_\_\_
- H. Number of paging loudspeaker locations: \_\_\_\_\_
- I. Number of data terminal outlet locations (PC, Wyse, Printer, etc.): \_\_\_\_\_
- J. Number of special data device outlet locations (Blumberg, RS-232, etc.): \_\_\_\_\_
- K. Number of radio operator locations: \_\_\_\_\_
- L. Number of TV outlet locations (CATV, CCTV, etc.): \_\_\_\_\_

**PLEASE COMPLETE THE ABOVE INFORMATION PRIOR TO CONTACTING OTM FOR GUIDANCE AND ASSISTANCE IN SELECTING YOUR CABLE/WIRE SYSTEM OPTIONS LISTED BELOW.**

**ITEM 11 – COMMUNICATIONS REQUIREMENTS (CONTINUED):**

**THE CABLE/WIRE SYSTEM SHALL CONSIST OF ONE OF THE FOLLOWING OPTIONS:**

**OPTION A:** A duplex voice/data outlet with two (2) RJ45 jacks in a common faceplate, as required by the Lessee at designated workstations, and two (2), four (4)-pair, 24 AWG copper, UTP (Unshielded Twisted Pair) cables.

The jacks shall be as specified by the ANSI/EIA/TIA-568-B.2-1 standard, and mounted and connected by an installer certified with such components. The jacks shall come with light-colored, plastic faceplates labeled "VOICE" (top) and "DATA" (bottom).

One cable shall be connected to the voice jack and shall be Category 6 minimum as specified by the ANSI/EIA/TIA-568-B.2-1. The second cable shall be connected to the data jack and shall be Category 6A as specified by the ANSI/EIA/TIA-568-B.2-1, and placed and connected by an installer certified with such wiring.

The other end of the cables shall be connected in the communications equipment/wiring room. The data and voice cable pairs shall be terminated on 110 type patch panels on a relay rack as specified by the ANSI/EIT/TIA-568-B.2-1 Category 6 mounted and connected by an installer certified with such components. Connections, color codes, and pair/pin numbers shall be as indicated in the Guideline Requirements, Specifications, and Wiring Diagrams.

**OPTION B:** Simplex voice and simplex data outlets with one RJ45 jack and one (1) RJ45 jack in separate faceplates, as required by the Lessee at designated workstations, wired with one (1), four (4)-pair (minimum), 24 AWG copper, UTP cable for voice and one (1), four (4)-pair, 24 AWG copper, UTP cable for data.

The voice jacks shall be standard modular telephone jacks. The voice jack faceplates shall be labeled "VOICE." The voice and data jacks shall be Category 6 as specified by the ANSI/EIA/TIA-568-B.2-1, and mounted and connected by an installer certified with such components. The data jacks shall come with light-colored, plastic faceplates labeled "DATA."

One cable shall be connected to the voice jack and shall be specified by the ANSI/EIA/TIA-568-B.2-1 at a minimum of Category 3 performance. The second cable shall be connected to the data jack and shall be Category 6A as specified by the ANSI/EIA/TIA-568-B.2-1, and placed and connected by an installer certified with such wiring.

The other end of the cables shall be connected in the communications equipment/wiring room. The data and voice cable pairs shall be terminated on 110 type patch panels in a relay rack as specified by the ANSI/EIA/TIA-568-B.2-1 Category 6A, mounted and connected by an installer certified with such components. Connections, color codes, and pair/pin numbers shall be as indicated in the Guideline Requirements, Specifications, and Wiring Diagrams.

**CABLE/WIRE SYSTEM OPTION(S) SELECTED: \_\_\_\_\_**

12. 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.

13. **SPACE REQUIREMENTS:** List the type of rooms, square feet, and other information as indicated based on the space entitlements.

A. Total Amount of space requested \_\_\_\_\_ sq. ft.  
(Total of B, C and D)

B. **COMMON FUNCTION AREA REQUIREMENTS:** \_\_\_\_\_ Total sq. ft.

1. **Kitchen** \_\_\_\_\_ sq. ft.

Equipped with work counter \_\_\_\_\_ ft. long, with upper and lower cabinets, drawers, and a standard stainless steel double kitchen sink with hot and cold running water, space for full-sized refrigerator, and two (2) 100 volt dedicated outlets for the refrigerator and microwave oven owned by the Lessee.

\_\_\_\_\_ rooms @ \_\_\_\_\_ sq. ft. = \_\_\_\_\_ sq. ft.

2. **Reception/Waiting Area(s)** \_\_\_\_\_ Total sq. ft.

a. **Waiting Area(s)**

\_\_\_\_\_ rooms @ \_\_\_\_\_ sq. ft. = \_\_\_\_\_ total sq. ft.

This room(s) will be located near \_\_\_\_\_

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(s)**

\_\_\_\_\_ rooms @ \_\_\_\_\_ sq. ft. = \_\_\_\_\_ total sq. ft.

This room(s) will be located near \_\_\_\_\_

Average number of people to use this area per day \_\_\_\_\_

Average number of people to use this area at any one time \_\_\_\_\_

3. **Conference Room(s)** \_\_\_\_\_ Total sq. ft.

a. \_\_\_\_\_ rooms @ \_\_\_\_\_ sq. ft. = \_\_\_\_\_ total sq. ft.

This room(s) will be located near \_\_\_\_\_

Average number of people to use this area per day \_\_\_\_\_

Average number of people to use this area at any one time \_\_\_\_\_

How often will this room be used to its fullest capacity? \_\_\_\_\_

b. \_\_\_\_\_ rooms @ \_\_\_\_\_ sq. ft. = \_\_\_\_\_ total sq. ft.

This room(s) will be located near \_\_\_\_\_

Average number of people to use this area per day \_\_\_\_\_

Average number of people to use this area at any one time \_\_\_\_\_

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 room(s) as well as **approximate dimensional sizes and quantities**. Also, list any special equipment to be stored or needed in this area(s).

a. \_\_\_\_\_ rooms @ \_\_\_\_\_ sq. ft. = \_\_\_\_\_ total sq. ft.

Comments: \_\_\_\_\_

\_\_\_\_\_

b. \_\_\_\_ rooms @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
Comments: \_\_\_\_\_  
\_\_\_\_\_

c. \_\_\_\_ rooms @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
Comments: \_\_\_\_\_  
\_\_\_\_\_

**5. File Room(s) \_\_\_\_\_ Total sq. ft.**

List under COMMENTS the quantity and approximate sizes of file cabinets to be housed in this area(s). Also, list any special equipment/furniture to be used or needed in this area(s).

a. \_\_\_\_ rooms @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
Comments: \_\_\_\_\_  
\_\_\_\_\_

b. \_\_\_\_ rooms @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
Comments: \_\_\_\_\_  
\_\_\_\_\_

**C. ADMINISTRATIVE AREA REQUIREMENTS: \_\_\_\_\_ Total sq. ft.**

**1. DIVISION/SECTION/UNIT/GROUP NAME: \_\_\_\_\_**

a. \_\_\_\_ office(s) @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

b. \_\_\_\_ office(s) @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

c. \_\_\_\_ offices @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

**2. DIVISION/SECTION/UNIT/GROUP NAME \_\_\_\_\_**

a. \_\_\_\_ office(s) @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

b. \_\_\_\_ office(s) @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

**3. DIVISION/SECTION/UNIT/GROUP NAME: \_\_\_\_\_**

a. \_\_\_\_ office(s) @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

b. \_\_\_\_ office(s) @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

c. \_\_\_\_ offices @ \_\_\_\_\_ sq. ft. = \_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

**4. DIVISION/SECTION/UNIT/GROUP NAME \_\_\_\_\_**

a. \_\_\_\_\_ office(s) @ \_\_\_\_\_ sq. ft. = \_\_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

b. \_\_\_\_\_ office(s) @ \_\_\_\_\_ sq. ft. = \_\_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

c. \_\_\_\_\_ offices @ \_\_\_\_\_ sq. ft. = \_\_\_\_\_ total sq. ft.  
This(these) office(s) will be utilized by \_\_\_\_\_  
(Civil Service Title(s))

**D. AREAS OF SPECIALIZED FUNCTIONS \_\_\_\_\_ Total sq. ft.**

Telephone/Equipment Room must be specified. The room sizes are dependent on total square footage of requested lease size.

- |                              |   |
|------------------------------|---|
| 5,000 to 8,000 square feet   | 8' x 7' room required                   |
| 8,000 to 10,000 square feet  | 8' x 9' room required                   |
| 10,000 to 15,000 square feet | 8' x 11' room required                  |
| Over 15,000 square feet      | 8' x 11' room per 15,000 sq ft of space |

**If it is a multi story building, a minimum of one room per floor using the above sizes.**

1. **Telephone/Equipment Room** @ \_\_\_\_\_ sq ft = \_\_\_\_\_ total sq ft

Must be equipped with lighting, HVAC, power, plywood sheeted walls, grounding, etc.

2. \_\_\_\_\_ room(s) @ \_\_\_\_\_ sq ft = \_\_\_\_\_ total sq ft

(Name of Room)

Must be equipped with \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_ room(s) @ \_\_\_\_\_ sq ft = \_\_\_\_\_ total sq ft

(Name of Room)

Must be equipped with \_\_\_\_\_  
\_\_\_\_\_

**14. ADDITIONAL COMMENTS/EXPLANATIONS**

This page 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 7.D. as the Item Number). This page may be photocopied and multiple copies used if necessary.

**ITEM NUMBER**

**COMMENTS/EXPLANATIONS**

\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

**15. GEOGRAPHICAL BOUNDARIES**

Give specific geographical area needed. Identify the geographic area requested with written description using ***street names and/or other physical boundaries which encompass the area***. Use the City Limits or Parish Limits ***if there are no objectionable areas***.

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**16. 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 \_\_\_\_\_