

**RL-2(B) Form  
REQUEST FOR PROPOSAL  
06/2025**

**REQUEST FOR APPROVAL TO LEASE SPACE**

**REQUEST FOR PROPOSAL (for 10,000 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

**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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
(person in charge of occupying the space)

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