Lease Justification Form

Any University department proposing to lease space off-campus must provide the following information to the senior vice president for Business and Fiscal Affairs before the process of locating off-campus space can begin. Accurate and detailed information via this form will help expedite the response to your lease request. It should be noted that this form is not applicable to the rental of storage facility space or the rental of space for a short duration, such as renting an auditorium for one evening, a banquet facility for a social function, or conference space for a meeting.

GENERAL INFORMATION:

Contact Name __________________________ Organization Name __________________________

Phone __________________________ Email __________________________

Date Originated __________________________ Date space is needed __________________________

Requested Duration:
Surge (1-3 yrs) ___________ Temporary (3-5 yrs) ___________ Permanent ______

From: ___________ To: ___________ From: ___________ To: ___________

SPACE REQUEST DOCUMENTATION INFORMATION:

The following set of questions will ask you to provide details about:

- the reason your unit has requested additional space
- the name of the unit that will be occupying the requested space
- the functions that will be performed in the requested space
- the number of FTE’s which will be housed in the requested space
- the need for operating funds to support the unit that will occupy the requested space.

Complete but succinct responses to these questions will facilitate the assessment and resolution of your request.

1. Please describe the name of the person or program that will be occupying the newly requested space, the reason the space is being requested, the proposed functional use of the space (i.e. office, service, lab, classroom, etc.) and the estimated square footage. Describe special requirements such as special equipment and fixtures, build-out not normally provided, computer rooms, and any other features that are not typical for the type of space. State if parking is needed, and if so, how many spaces. (Provide additional pages as needed.)

2. Describe where the department/college prefers the program space be located and list any adjacency or proximity considerations.

3. If this request is based on the award of a research grant that has been funded, please provide the date of the award, term, and project number.
4. If this request is based on the award of a research grant that has not been funded, please indicate anticipated date for receipt of funding, proposal number, and the anticipated term of the funding.

5. Please list the FTE and headcount for faculty, staff and/or graduate students who will be using the requested space, and describe the nature of their position, e.g., program director, principal investigator, technical, administrative assistant, clerical, etc.

6. How would your unit be affected if the requested space is not assigned?

7. Does the requesting unit have operational and facilities funding in place?

8. Will existing space be vacated if this request is approved? _____ Yes _____ No

   If “yes”, please attach a specific list of the building, floor and room/s to be vacated.

   If “no” please state what your existing space will be used for in the future.

9. Provide the funding sources and which department is responsible for the payment of lease expenses related to: rental, utilities, janitorial, maintenance, restoring space upon vacating premises (if required), etc. Please include a budget Pro Forma for the lease term identifying funding sources and expenses mentioned above.

10. What steps have been taken to solve the space requirement by the reassignment of existing space within the Division, Department, and College? For example: has the department/college considered reclaiming under-utilized space to solve this need? Has the department/college re-evaluated the space assigned to lower priority initiatives?

11. Please provide any additional information that will support or better define this space request. (Provide additional pages as needed.)

12. All leases that have annual lease payments between $250,000 and $499,999 must be reported to the WSU Board of Trustees. All leases that have annual lease payments of $500,000 or more must be approved in advance by the WSU Board of Trustees.

Dean/Vice President
Signature __________________________ Date: ______________________

FOLLOWING COMPLETION OF THE FORM:

The Office of Facilities Planning and Development will assist the unit in finding suitable space to meet the needs identified and approved on the form. The Purchasing Office will negotiate the tentative lease terms and conditions with the Lessor once a location is identified.

The Purchasing Office, Office of General Counsel, and the Office of Risk Management will review proposed lease terms and provide their findings and recommendations to the Associate Vice President, Budget Planning & Resource Analysis or the Senior Vice President for Business and Fiscal Affairs Final lease approval and signature will follow.

This form should be attached to the signed lease and both should accompany the corresponding requisition for payment.