

**RL-2(B) Form
REQUEST FOR BID PROPOSAL
01/2016**

REQUEST FOR APPROVAL TO LEASE SPACE

REQUEST FOR BID PROPOSAL (for 5,000 sq. ft. of usable area and above)

"Office space" shall be defined as space required by the agency for use as offices, work stations, reception areas, conference rooms, storage, break areas, etc.

"Internal circulation" shall be any space used for circulation within the area designated for and used only by the agency such as hallways, pathways around desks or work stations, etc., leading to offices and other spaces to be used only by that agency (See illustrations attached).

"Usable space" is defined as follows: Usable space is the floor area occupied by the Lessee excluding exterior walls, equipment rooms (mechanical, electrical, telephone, and other building system rooms), dedicated corridors, lobbies, entrances, rest rooms, common space, stairwells, and elevators. The area is measured from the interior face of the exterior wall to the interior face of the wall defining the usable space. Usable space includes internal circulation (See illustrations attached).

"Occupancy date" shall be defined as the actual date the Lessee accepts possession and occupancy of the leased premises in accordance with specifications. Where Lessee already occupies these premises under a prior lease, possession and occupancy under this lease shall not be deemed to occur until Lessee inspects the premises and certifies in writing to the Division of Administration that all requirements set out in the Solicitation have been satisfied.

MAIL 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)

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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:

If vacating state-owned space to allow others to expand, what is the intended usage of space being vacated? Provide as much information as is available as to who will be occupying vacated space.

What is possibility of occupying other or additional state-owned space within same area/building? Provide information regarding contacts made and results of those contacts.

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 explain 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.

COMMENTS: _____

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 3 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 5E or 6 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 to terminal blocks mounted on the telephone backboard in the communications equipment/wiring room. The voice cable pairs shall be terminated on 66M1-50 terminal blocks. The data 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 5E or 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 (1) RJ11 (or 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 data jacks shall be Category 5E or 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 5E or 6 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 to terminal blocks mounted on the telephone backboard in the communications equipment/wiring room. The voice cable pairs shall be terminated on 66 type terminal blocks. The data 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 5E or 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.

CABLE/WIRE SYSTEM OPTION(S) SELECTED: _____

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13. SPACE REQUIREMENTS: List the type of rooms, square feet, and other information as indicated based on the space entitlements. Be as specific as possible in order to indicate the needs of your agency. Indicate any special features needed in any of the areas listed. If you believe the requirement of a particular space exceeds the space entitlement, submit justification for this additional space.

PLEASE LIST ANY ADJACENCIES REQUIRED.

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.

Adjacency requirements: _____

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 _____

Adjacency requirements: _____

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 _____

Adjacency requirements: _____

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? _____

Adjacency requirements: _____

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? _____

Adjacency requirements: _____

COMMON FUNCTION AREA REQUIREMENTS (CONTINUED):

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.
This room(s) will be located adjacent to _____
Comments: _____

b. ____ rooms @ _____ sq. ft. = ____ total sq. ft.
This room(s) will be located adjacent to _____
Comments: _____

c. ____ rooms @ _____ sq. ft. = ____ total sq. ft.
This room(s) will be located adjacent to _____
Comments: _____

d. ____ rooms @ _____ sq. ft. = ____ total sq. ft.
This room(s) will be located adjacent to _____
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.
This room(s) will be adjacent to _____
Comments: _____

b. ____ rooms @ _____ sq. ft. = ____ total sq. ft.
This room(s) will be adjacent to _____
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))
and are to be adjacent to _____

(Civil Service Title(s))

ADMINISTRATIVE AREA REQUIREMENTS (CONTINUED):

b. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

c. ____ offices @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

d. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

e. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

f. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(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))
and are to be adjacent to _____

(Civil Service Title(s))

b. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

ADMINISTRATIVE AREA REQUIREMENTS (CONTINUED):

c. ____ offices @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

d. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

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This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

f. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(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))
and are to be adjacent to _____

(Civil Service Title(s))

b. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

c. ____ offices @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

ADMINISTRATIVE AREA REQUIREMENTS (CONTINUED):

d. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

e. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

f. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(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))
and are to be adjacent to _____

(Civil Service Title(s))

b. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

c. ____ offices @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

d. ____ office(s) @ _____ sq. ft. = ____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

ADMINISTRATIVE AREA REQUIREMENTS (CONTINUED):

e. _____ office(s) @ _____ sq. ft. = _____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

f. _____ office(s) @ _____ sq. ft. = _____ total sq. ft.
This(these) office(s) will be utilized by _____

(Civil Service Title(s))
and are to be adjacent to _____

(Civil Service Title(s))

D. AREAS OF SPECIALIZED FUNCTIONS _____ Total sq. ft.

List any equipment which requires special surroundings, equipment, structural requirements, etc. (Include areas such as data processing, computer rooms, laboratories, drafting rooms, radio equipment rooms, antenna mounting requirements, etc. List any special features and/or structural requirements which the Lessor should provide in these areas). Specify in detail (i.e., special electrical outlets or requirements, separate grounding, additional air conditioning, etc.).

1. _____ room(s) @ _____ sq ft = _____ total sq ft
(Name of Room)
Must be adjacent to _____
and equipped with _____

2. _____ room(s) @ _____ sq ft = _____ total sq ft
(Name of Room)
Must be adjacent to _____
and equipped with _____

3. _____ room(s) @ _____ sq ft = _____ total sq ft
(Name of Room)
Must be adjacent to _____
and equipped with _____

4. _____ room(s) @ _____ sq ft = _____ total sq ft
(Name of Room)
Must be adjacent to _____
and equipped with _____

5. _____ room(s) @ _____ sq ft = _____ total sq ft
(Name of Room)
Must be adjacent to _____
and equipped with _____

6. _____ room(s) @ _____ sq ft = _____ total sq ft
(Name of Room)
Must be adjacent to _____
and equipped with _____
