

LEASE SUBMISSION CHECKLIST

DEPARTMENT OF ADMINISTRATION
Division of Facilities Management

OFFICE USE ONLY
DATE RECEIVED: _____ _____

AGENCY NAME _____

Agency No. _____ Date Sent _____

Contact Person _____

Phone Number _____ Fax Number _____

Email Address _____

Proposed Leased Property location (city) _____

Sq. Ft. _____ Start/End dates _____

Please check and enclose the following:

DA-47 - Real Estate Lease Cover Sheet

DA-46 - Real Estate Lease Agreement or Real Estate Lease Amendment

Please check the one that most closely describes the enclosed lease.

Office Space Storage Space Acreage Other

_____ # of originals submitted; please return _____ # of originals to submitting agency

Please check and enclose the following if applicable:

ADA Checklist or ADA Waiver

Occupancy Expense Worksheet

Office Co-location Roadmap: Fill in scheduled date _____ (mm/dd/yyyy)

The co-location road map can be accessed at <http://www.da.ks.gov/fm/dfm/services/leasing.htm>

Office Space Standards: Total number of _____ square feet divided by number of workstations

In the above space, provide the total number of office square feet divided by the total number of workstations

If the number is larger than 250, please provide justification

Office Space Standards can be accessed at <http://www.da.ks.gov/fm/dfm/services/leasing.htm>

Documentation/copies of advertisement(s), including name of publication and dates published

If not required to advertise, please provide a summary of the procurement method (e.g. listing of phone bids and/or site visits, sole source justification, etc.).

Bid tabulation sheet summarizing all proposals received & justification for selected site

For assistance, please contact DFM Leasing Section at 785-296-1318 or Leasing.Section@da.ks.gov