

Guide to Leases and Use Agreements

Middle Tennessee State University
Campus Planning / Construction Administration

2018

Consists of these six parts:

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Solicitation Documents

Authoritative References

Procedural Instructions

You are here ⇒ **Administrative Forms**

Special Alternative Agreement Forms

In addition, the following documents can be downloaded in their native Word™ and Excel™ formats for further use.

	Solicitation Documents
L 00100	Advertisement for Lease Proposals
L 00450	Lease Proposal Quotation Form
L 00515	Lease Agreement form (TBR institution is Lessee)
	Administrative Forms
L 30435	Certification of Funding for Lease Obligation
L 30563	F&A Space Action Request FA-0006
L 30565	F&A Office Space Requirements Analysis RSM-1A
L 30567	F&A Supplementary Data Questionnaire RSM-1B
L 30650	Proposal Analysis and Summary
L 30660	Enrollment History and Projection
	Special Alternative Agreement Forms
L 40501	Mutual Use Agreement
L 40503	Transient Use Agreement
L 40505	Tenant Use Agreement
L 40525	Lease Agreement form for TBR as Lessor

**CERTIFICATION OF FUNDING
FOR LEASE OBLIGATIONS**

The Certification of Funding shall be a memo, on letterhead of MTSU ,following the example below, and routed with the Lease for approval in the central office.

MEMORANDUM

TO: Mr. Charles Garrett
Office of Real Estate Management
Tennessee Department of Finance and Administration

FROM: *Name of chief financial officer at the MSTU*
Title of chief financial officer at the MTSU

SUBJECT: Certification of Funding for Obligations of Lease Agreement
between *Name of Lessor*
and *Name of institution*

DATE: *Date of issue*

I do hereby certify that there is a balance in the amount of \$ *annual cost of lease* to be paid annually in the appropriation from which this obligation is required to be paid, that is not otherwise encumbered to pay obligations incurred.

APPROVED:

SPACE ACTION REQUEST
TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION
FA-0006

Name of requesting agency:	Allotment Code	Name & address of agency contact:	
Name of agency unit to occupy requested space:		Phone:	Date:
Present address of unit:		Date requested action needed:	

Action Requested:

<input type="checkbox"/> Assign Space in State-Owned Building	<input type="checkbox"/> Lease Renewal	Exercise Option for: <input type="checkbox"/> Additional Term <input type="checkbox"/> Additional Space <input type="checkbox"/> Purchase
<input type="checkbox"/> New Lease for Space	<input type="checkbox"/> Lease Extension	
<input type="checkbox"/> Terminate Existing Lease	<input type="checkbox"/> Lease Amendment	
<input type="checkbox"/> Alterations in Leased Space	<input type="checkbox"/> Contact Lessor for Repairs	
<input type="checkbox"/> Alterations in State-Owned Building	<input type="checkbox"/> Move from One Leased Location to Another	
<input type="checkbox"/> Other: (Specify)		

Action for:

Same Space Different Space Additional Space Other: (Specify)

Reason for Request:

Lease Expiration Added Staff Present Facilities Inadequate New Unit Activated
 Other: (Specify)

Type of Space Requested:

<input type="checkbox"/> Office	<input type="checkbox"/> Land	<input type="checkbox"/> Airport Facilities
<input type="checkbox"/> Warehouse	<input type="checkbox"/> House (office)	<input type="checkbox"/> Educational Facilities
<input type="checkbox"/> Office and Warehouse	<input type="checkbox"/> House (Living quarters)	<input type="checkbox"/> Examinations
<input type="checkbox"/> Other: (Specify)		

Location Desired:

..... City:

..... County:

Special Location Factors:

Lease Features Desired:

Lease Term: Year(s), starting: Ending:

Termination Clause: Cancellable upon Days prior notice

Option: Renewable year-to-year until Same rate Negotiated rate

Special Provisions:

Maximum rent budgetarily permissible: \$ Per year (estimated at \$ / sq. ft. / yr.)

Rent to include: All utilities in standard lease form, except:

Janitor service and supplies Days per week

All alterations and costs of making space ready

Alterations are requested to:

Leased Space State-Owned Building

Location address: City: County:

Estimated total cost \$ Source of funds:

Please attach to this request a floor plan for alterations and justification.

Estimate of amount of space needed for this request:

Employee Classification	Authorized Positions	X	Guideline Specification	=	Square Feet Totals	Current Vacant Positions	Estimated Personnel in two years
Commissioner			350				
Deputy or Assistant			225				
Directors, Chief Adm. Officers			150				
Professional			120				
Field Professionals (out of office 60%)			80				
Clericals			90				
Employees in labs, warehouses, drafting and other specialized areas			As needed				
Totals:							

Special requirements in addition to space requested above:

Hearing room for persons to be used hrs./wk.
 Extra strength floors
 Conference room for persons to be used hrs./wk.
 House E.D.P. equipment
 Employee room for persons to be used hrs./wk.
 Equipment Room ft. x ft.
 Other: (Specify)

Present occupancy status of subject agency unit:

Unit now housed: in State-owned bldg.
 in leased space
 not housed
 Other
 If Other, specify:
 Area occupied: sq. ft. Present rental: \$ /month at \$ /sq. ft./ year.
 Epiration date of present lease Cost during past 12 months (if not included in lease) for:
 Present lease cancelable after on days notice.
 Present lease options permit: Extending Term to Utilities
 Adding sq. ft. after Janitorial Services

Additional data or comment:

Requesting Agency Authorization:

The requested space is necessary, funds are available to pay rent, and Real Property Management is authorized to take appropriate action, including the preparation of necessary plans and specifications.

..... Signature of authorized official in requesting agency Title Date

For Real Property Management use only:

This form has adequate information for analysis
 Form lacks necessary information
 Space will be assigned in State-owned building
 Leased space will be procured
 Approval by Attorney General is necessary
 Approval by Governor is necessary
 has analyzed and recommended: Approval Disapproval

L30565 RSM-1A
 Agency:
 Budget Code:
 Division:
 Location:

State of Tennessee
 Space Action Request
Office Space Requirements Analysis

Preparer's Name: _____
 Date: _____
 Phone Number: _____

Page ____ of ____

Item Number	Action Code	Title or Function	Type Position Code	Personnel Class Code	Quantity year	Time In Office	Type Office Code	Space Guideline Sq. Ft.	Supplemental Space Requirement	Total Sq Ft. year	Year	Remarks (Explain Supplemental Space) (Use additional sheet if necessary)
< ===== TOTALS ===== >												

An Excel workbook version of this form is available for use and may be purchased from this source.

CodesKey

for the Space Action request

Office Space Requirements Analysis

<p>Action Column B</p> <p>P Personnel record S Department Special Need</p>	<p>Type Office Column I</p> <p>P Private S Semi-private O Open Office / Landscape</p>
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<p>Type of Position Column D</p> <p>A Commissioner B Deputy or Assistant Commissioner C Director or chief administrative officer D Assistant Director E Professionals F Para-professionals G Administrative H Technical W No office space need</p>	<p>Time in Office Column H</p> <p>A 75 to 100% B 50 to 75% C 25 to 50% D 0 to 25%</p>
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Use these codes in the corresponding columns of page 1.
Use multiple copies of page 1 if the listing is too lengthy for a single page.
For most cases, use the Excel® workbook version of this form, which is formatted for legal size sheets.

SUPPLEMENTARY DATA QUESTIONNAIRE
TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION
SPACE ACTION REQUEST FORM RSM-1B

1. What is the total number of positions listed on the Office Space Requirements Analysis (Form RSM-1A) that are currently authorized and funded?

Number of positions:

2. For each position not currently authorized and funded, indicate the basis for requesting this space, including the status and source of funding available or anticipated, the status of approval of funding, and the anticipated date of funding availability. Cross-reference to the item number on the Office Space Requirements Analysis (continue on separate sheet if necessary).

Item Number	Basis for Requesting Space
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3. For each increase in departmental special needs above space that is currently available, indicate the basis for requesting the additional space. Cross-reference to the item number on the Office Space Requirements Analysis (continue on a separate sheet if necessary).

Item Number	Basis for Requesting Space
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4. a.) Is any of the space increase listed in 2 or 3 above the result of new programs or functions assigned to the unit?

Yes _____ No _____

- b.) If the answer to 4a is “Yes”, fully describe the new program or function and the authority under which it is being implemented.

PROPOSAL ANALYSIS AND SUMMARY

	Current Lease		Proposal Received	
Facility / Location:				
Owner:				
Lease Terms:				
Net Rentable SF:				
	Annual Dollars	\$/ Sq.Ft.	Annual Dollars	\$/ Sq.Ft.
Lease Rates				
Ancillary costs:	Paid by Lessor	Paid by Lessee	Paid by Lessor	Paid by Lessee
Utilities				
Janitorial Services				
Trash Pick-Up				
Security				
Pest Control				
Total Lease and Operational Cost for First Year (Effective Cost)				
Moving Cost				
Phone & Data				
Furniture				
Modification Cost				
Lessor Allowance				
Comments:				

This form is also available in a legal size landscape page format Word™ document and Excel™ workbook

ENROLLMENT HISTORY AND PROJECTIO

MTSU :

Service Name
of Lease Location:

Enrollment statistics are for the Fall Semester:

Note to preparer

If the facility in question is used by more than one institution, please provide a similar document, modified to provide statistics for each institution and a total for the facility.

Fiscal / Academic Year	Head Count H C	Full Time Equivalency F T E
Actual , for the last five years:		
.....
.....
.....
.....
.....
Projected , for the next five years:		
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.....
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