Request for Lease of Space Questionnaire

The Lease of Space Questionnaire provides the required information to begin the review, inspection and approval for new lease of space request. Please complete and return the following information to Contracting at ElpContractDept@ttuhsc.edu @ttuhsc.edu.

Requesting Department: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

1. Explain the type and total square footage of the space being requested (office, clinic, classroom, lab, etc.) _____
2. If known, describe the types of offices and the quantity of each required (Administrator/Director, Manager, Supervisor, employee, training room, conference room, etc.). Contact purchasing with questions. _____
3. Specify the desired area where the space will be located (enter the major street boundaries). _____
4. Is this lease fully funded? Yes _____ No _____
5. Enter the funding source (FOP) _____
6. Enter the desired term of the lease (Note that leases exceeding 4 years must have BOR approval unless there is a cancellation clause allowing cancellation of the lease without cause with 120 days notice or less. Leases exceeding 10 years are prohibited by statute). _____
7. Describe Network & Communications Requirements _____
8. Describe security requirements. _____

The preliminary review will be conducted by the purchasing department's designee for lease of space in conjunction with the following entities.

1. Information Technology
2. Office of Communications Services
3. Safety Services
4. Engineering Services

After the Departmental Reviews are completed, a request to proceed will be requested from:

Office of General Counsel

EVP for Finance and Administration