

STATEMENT OF FACTS

RPM-1

- This is a renewal lease with no increase in cost. This lease is for parking.
 This is a renewal lease with an increase in cost. This lease is for mini-storage.
 This is a new lease for space not presently occupied. This lease is for vacant land.

PREVIOUS LEASE NO: _____

LESSOR NO. _____

NEW LEASE NO: _____ (assigned by RPM)

AGENCY PREFERENCE: #1 #2 #3

AGENCY NAME: _____

LESSOR NO. _____

AGENCY CONTACT: _____

LESSOR NAME: _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CITY: _____

AGENCY CONTACT E-MAIL _____

LEASE BEGINS: _____

ADDRESS OF PROPERTY: _____

LEASE EXPIRES: _____

CITY: _____

TOTAL SQUARE FEET: (gross) _____
(outside measurements – to be billed on)

PERCENT FEDERALLY FUNDED: _____

TYPE OF SPACE: (Net Usable)
Office Space Square Feet _____
Warehouse Square Square Feet _____
Storage Space Square Feet _____
Other _____ Space Square. Feet _____
(inside measurements - usable space - does not equal total above)

PROPOSED USE OF SPACE: _____

ANNUAL COST PER SQUARE FOOT:

FLOODPLAIN ZONE: ____ Yes, in Zone ____; or ____ No
Regardless, will Lessee insure contents against ALL hazards? ____ Y ____ N
FLOODPLAIN ELEVATION: _____

ANNUAL RENT: \$ _____

DOES THIS BUILDING CONTAIN ASBESTOS: ____ Y ____ N
IS ASBESTOS NON-FRIABLE? ____ Y; ____ NO = reason for rejection

MONTHLY RENT: \$ _____

DOES THIS BUILDING MEET MINIMUM HANDICAPPED
ASSESSIBILITY REGULATIONS: ____ Y ____ N

ARE UTILITIES INCLUDED? ____ Y ____ N

ARE JANITORIAL SERVICES INCLUDED? ____ Y ____ N

ESTIMATED TOTAL UTILITY COST PER YEAR: \$ _____
ESTIMATED TOTAL JANITORIAL COST PER YEAR: \$ _____

FOR OFFICE SPACE:

Number of Employees: _____

Square Foot Per Employee: _____

Cost Per Employee: \$ _____

TOTAL NUMBER OF EMPLOYEES AT THIS LOCATION:

FOR SERVICE AGENCY: Square Foot per Patron? _____

NUMBER OF PARTICIPANTS/CLIENTS SERVED BY THIS
SPACE? _____

PARKING PROVIDED: ____ Y ____ N

NUMBER OF PARKING SPACES: _____

PARKING AVAILABLE: ____ Y ____ N

PARKING COST PER YEAR: \$ _____

BUILDING HANDICAP ACCESSIBLE? ____ Y ____ N

DOES YOUR BUDGET INCLUDE ENOUGH FUNDS FOR THIS
LEASE: ____ Y ____ N

BUILDING WHEELCHAIR ACCESSIBLE? ____ Y ____ N

ESCALATION CLAUSE INCLUDED? ____ Y ____ N

EXPENSES SUBJECT TO ESCALATIONS:
Taxes ____ Insurance Prem. ____ Utilities ____ Janitorial

Explain: _____

NO. OF VISITORS OTHER THAN STATE EMPLOYEES EXPECTED?
Daily? _____ Weekly? _____

DEVIATION FROM STANDARD LEASE: ____ Y ____ N

Explain: _____

Other Pertinent Information: _____

If this lease provides more than the allowable space as determined by RPM-3, attach a narrative explaining the reasons for submitting this lease as a preference.
If this is a new location, attach documented move cost for office fixtures and tele-communication equipment, and all other cost to the agency required to occupy new space.
Is this space owned all or in part by any official or employee of the State of Mississippi? ____ Y ____ N.
If yes, will this be in violation of Section 25-4-103 and 25-4-105 of the *Mississippi Code*? _____
Has this space been measured according to RPM Guidelines by a member of your agency and found to be correct? ____ Y ____ N

DATE: _____

SIGNATURE OF AGENCY HEAD: _____