

* Fill this form in using Adobe.

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3. Print.
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5. Scan to Pdf.
6. Insert map into file.

REAL PROPERTY REQUEST FORM (RPRF)
WSU REAL ESTATE OFFICE

REV 05/13

- Refer to BPPM 20.45
- Complete this form for all leases of real property, property acquisitions or land assignments

SECTION 1

REAL ESTATE/F&A INTERNAL USE
LOG IN:
LOG OUT:
REID #
WSU C#:

Date: Today's date	WSU Department <input checked="" type="checkbox"/> Lessee <input type="checkbox"/> Lessor (check one): WSU Extension in [insert county] County	Contact Phone: WSU Contact's Phone #
Mail Code: Off Campus	Contact Person: WSU County person requesting review/processing (MG PC or Faculty)	Contact e-mail: MGPC or Faculty email

<input type="checkbox"/> Lessee <input checked="" type="checkbox"/> Lessor (Check one): (name/ mailing address) Name of agency or entity that owns the property, and their complete mailing address	Lessee/Lessor Tax ID #	
Contact Person: Name of contact person at above agency	Contact Phone: Agency contact's phone #	Contact e-mail: Agency person's email address

SECTION 2

This Contract is (check one): New Lease Renewal of Existing Lease*
 WSU C# _____ Contract # _____ Amendment to Existing Lease*
 WSU C# _____

Land Acquisition Land Assignment**

* Attach copy of existing contract
 ** Provide Land Assignment Attachment

CONTRACT TERMS:

Start Date: When signed	End Date: End date of MOA	Renewal Date (if any): From: To:	Payment Due Date: N/A
Payment Terms: (Month, Year, etc.) N/A	Number of Payments: N/A	Payment Amount: N/A	(Not to Exceed) Total Amount: N/A

Purpose for contract:
 Development and/or maintenance of a demonstration garden at [enter location] in [enter city] at [enter complete address of property]. Add any notes that may be unique to the use of the property, such as the regular use of a facility located on the property and as is written into the MOA.

SECTION 3

Is this contract (check one): Sole Source Award Competitively Awarded Direct Buy Other MOA _____
 N/A

Fund source(s): (Provide budget/project(s)/object/sub-object/source/sub-source): [WSU Budget # Here] Funds Budget Project Object Sub-object Source Sub-source % _____ Funds Budget Project Object Sub-object Source Sub-source %	Check Appropriate Fund Source: <input type="checkbox"/> Federal <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Private Grant <input checked="" type="checkbox"/> Other
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Additional Information or comments:
 The terms of the MOA express that the Master Gardener Foundation of [enter county name] covers all expenses for the garden.

SECTION 4 – Complete this section for Lease/Purchase/Land Use

University function (teaching, research, or service-please specify): Teaching for Master Gardener Volunteers and service in the form of community outreach about gardening and environmental stewardship.
Present location/preference for general location (requested location may be affected by factors of University use plans or other department requests, etc.) [Address of property]
Describe location, size of area, and show boundaries, attach a map if necessary: [Must attach- to this form- a plot/location map of garden in relationship to the entire property with surrounding streets]
Describe proposed use of real property (office, library, classroom, laboratory, storage, etc. - please indicate any unusual space needs): A teaching tool through the development and/or maintenance of a demonstration garden. Include any unique uses to include storage of equipment, use of buildings, etc.
Criteria and requirements for space (special air conditioning, special wiring, special telephone, computer and other related equipment, copy machines, etc.): None.
Management program for area and statement of responsibility by department/agency for preparation, maintenance, and restoration of site, applicable for land assignment or real property. List the party responsible for the management related to the demonstration garden. Usually this will be the WSU Master Gardener Program in X County, but for some counties it may be the foundation.

SECTION 5

Please PRINT FORM and obtain signatures below as their acknowledgement that they have reviewed and approve this request and confirm that the above information is correct.

REQUESTOR: Signature: _____ Name: _____ Date: _____ Title: _____
BUDGET AUTHORITY: Signature: <u>Lisa Bruce's signature</u> Name: <u>Lisa Bruce</u> Date: <u>Today's date</u> Title: <u>CAHNRS Extension Manager</u>
DEPARTMENT CHAIR or DIRECTOR: Signature: _____ Name: <u>Mike Gaffney</u> Date: _____ Title: <u>Acting Director of Extension</u>
SCHOOL, COLLEGE DEAN OR VICE PRESIDENT: Signature: _____ Name: <u>Ron Mittelhammer</u> Date: _____ Title: <u>Interim CAHNRS Dean</u>

NOTE: If this is for a land use assignment also provide a Land Assignment Attachment

Please forward completed form to Real Estate Office, MS 641045, French Ad Building Room #242, for review & final processing.

Action taken (to be completed by Real Estate Office):
