



Virginia Department of Planning and Budget
SUMMARY OF PROPOSED CAPITAL OUTLAY LEASES

Date _____

1. Agency Name: _____ 2) Agency Code: _____

3. Name of Person to Contact about this Form: _____

4. Contact Person's Telephone Number and E-mail Address: _____

5. Project Title: _____

6. Name of Lessor: _____

7. Project Location: _____

8. Project Description: _____

9. Space Requirements: _____

10. Need for Leased Space: _____

11. Options Considered: _____

12. Time Period

Proposed Effective Date of Lease: _____

Proposed Duration of Lease: _____

Include Periodic Renewal: Yes No

Renewal at Option of: Lessor Lessee Both

Renewal Extension Period: _____

13. Annual Lease Payments:

Fund Source	\$ Amount
_____	_____
_____	_____
_____	_____
Total	_____

14. Property Acquisition: Yes No

Description of option: _____