

Appendix C: Real Estate Transaction Request Form RPM-1

STATE OF TENNESSEE
 Department of Finance and Administration
 Division of Real Property Management
 Office of Real Estate Management
 15th Floor, Tennessee Tower
 312 8th Avenue North
 Nashville, Tennessee 37243-0299
 Telephone: 615-741-4221

Real Estate Transaction Request Form RPM-1
 (Revised 1994)

REAL ESTATE MANAGEMENT USE ONLY
RPM NO. _____

INSTRUCTIONS: Prepare in triplicate and answer all items in detail.

Name and address of requesting department: _____ Name of Dept. Contact _____
 Phone: _____ Date: _____
 Date Request Needed: _____
 Not less than 180 days from date of request

1. Action Requested:
- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Acquisition | <input type="checkbox"/> Disposal | Special Service |
| <input type="checkbox"/> Fee Simple | <input type="checkbox"/> Fee Simple | <input type="checkbox"/> Appraisal |
| <input type="checkbox"/> Leasehold | <input type="checkbox"/> Leasehold | <input type="checkbox"/> Survey |
| <input type="checkbox"/> Easement ROW | <input type="checkbox"/> Easement ROW | <input type="checkbox"/> Title Service |
| <input type="checkbox"/> Gift | <input type="checkbox"/> Gift | <input type="checkbox"/> Other _____ |
| | | <input type="checkbox"/> Inter-Agency Agreement |
| | | <input type="checkbox"/> Transfer of Jurisdiction |
| | | <input type="checkbox"/> Boundary Lines |

2. Location of Subject Property: _____ (Country)
 _____ (City)
 Property Assessor Map # _____ Parcel # _____

(Attached Supporting Information)

<input type="checkbox"/> Survey	<input type="checkbox"/> Aerial Photo
<input type="checkbox"/> Plat	<input type="checkbox"/> Photo
<input type="checkbox"/> Map	<input type="checkbox"/> Other _____
<input type="checkbox"/> Legal Description	<input type="checkbox"/> Master Plan
<input type="checkbox"/> Site Plan	

Property Assessor Map must accompany this request. If this request adjoins State-owned property so indicate on map.

3. Property Location: _____ Improvements enumerated with color photographs attached

_____ House	_____ Warehouse
_____ Office	_____
_____ Barn	_____
_____ Shed	_____

Owners Deed Book _____ Page _____
 Lot Size _____
 Number Acres _____

4. Present Owners/Grantee: Including mailing address and phone number and/or agent _____ Names of Tenants (if any): Including mailing address and phone number _____

Relocation Assistance Required: YES NO

5. Purpose (Please explain in detail the proposed use and why action is necessary).

6. Estimated Value (Land and Improvements) \$N/A

7. **Source of Funds:**

- a. Are funds for this request included in your agency's budget? YES NO
 b. If yes, please identify the source of funds.

	SOURCES	AMOUNT	FISCAL YEAR	TYPE OF FUNDS
1.	_____	\$ _____	_____	_____
2.	_____	\$ _____	_____	_____

c. If the source of funding is part of a larger amount included in the budget as a line item, please specify the line item amount (amount, fiscal year and type of funding).

d. Who is paying the Real Estate Management fee and other costs? _____

If Agency is paying, please complete the following information:

ALLOTMENT CODE: _____

FUND: _____

COST CENTER: _____

e. If this request is not in your agency's budget, please explain the proposed funding.

f. Please identify the source of Federal matching funds, if any.

FOR LAND ACQUISITION ONLY

- a. Has a Phase I Environmental Site Assessment been done? (if so, attach copy) YES NO
 b. If not, do you recommend one be done? YES NO
 c. Attach completed Transaction Screen Questionnaire.
 d. Does your agency have a master plan for its department? YES NO
 e. If yes, is this property part of this master plan YES NO
 Please explain: _____
 f. What is the last date the master plan was updated?
 g. Is this request a current top priority of your agency? YES NO
 If no, please explain: _____
 h. Are other governmental agencies required to approve this request? YES NO
 i. In the past, has your agency had this request or a similar request addressed by the SBC? YES NO

FOR LAND DISPOSAL ONLY

- a. Original Cost to State: \$ _____
 Date State Obtained: _____
 Grantor unto State: _____
 b. Please state the department's use for the property? _____
 c. Why is the department's jurisdiction of this property no longer necessary? _____
 d. Have any other State Departments or Agencies expressed any need or interest in this property? YES NO
 e. Will this disposal hinder the departments future use of remaining property (if any)? YES NO
 f. Would this disposal adversely affect the remaining property values in the future? YES NO
 g. Has an outside buyer, lessee, etc. requested this disposal YES NO
 h. Will the revenue from this sale be returned to the General Fund? YES NO

Requested by: _____ (Agency Head) _____ (Date)