**[INSERT DATE]**

**[INSERT NAME],** Secretary

Office of Policy and Management

450 Capitol Avenue

Hartford, CT 06106‐1379

Dear Secretary **[INSERT NAME],**

As required by C.G.S. 4b‐23(k) I am requesting interim funding approval to expend a total of $**[INSERT TOTAL ANNUAL ESTIMATED LEASE COSTS INCLUDING BASE RENT, UTILITIES, TENANT IMPROVEMENTS, ETC.]** annually over the next **[INSERT LENGTH OF INITIAL LEASE TERM]** to be used to pay the base rent and related costs for **[INSERT ENTER TOTAL SQUARE FOOTAGE]** of leased space which is used to house **[INSERT PROGRAM DESCRIPTION INFORMATION]** at **[INSERT PROPOSED LEASE ADDRESS AND TOWN]**..

Unfortunately, this request was not submitted under the State Facility Plan due to **[INSERT REASON WHY SQUARE FOOTAGE AND FUNDING WAS NOT REQUESTED UNDER THE STATE FACILITY PLAN]**.

Therefore, I am requesting OPM approval for a total square footage of **[INSERT TOTAL SQUARE FOOTAGE]** and to expend $**[INSERT TOTAL ANNUAL DOLLARS]** annually. In order to accomplish this, we will be required to reallocate our existing resources to cover these additional costs. Please note that prior to submitting this request, we have worked closely with our OPM Budget Analyst to develop a written plan (a copy of which is attached) which specifies how this agency will reallocate its existing resources to cover any additional costs and how these additional costs will be absorbed by this agency for the duration of the lease. Based on this plan, OPM approval of this request will not cause this agency to run a deficit nor will it be used by this agency to justify any future budgetary deficiency.

I am aware that OPM is giving priority consideration to only those interim requests which are of an emergency nature or the lack of which may seriously hinder the efficient operation of the State and that OPM is asking agencies, where feasible, to defer submitting requests for additional square footage until the next State Facility Plan.

However, I believe that submission of this request is justified at this time due to **[INSERT JUSTIFICATION FOR MAKING THIS REQUEST AT THIS TIME. SUFFICIENT EXPLANATION MUST BE INCLUDED WHICH EXPLAINS (1) WHY THIS REQUEST CANNOT BE DELAYED UNTIL THE NEXT STATE FACILITY PLAN, AND (2) WHAT EMERGENCY SITUATION CURRENTLY EXISTS AND HOW THIS REQUEST WILL ALLEVIATE SUCH EMERGENCY SITUATION, AND/OR (3) HOW YOUR AGENCY WOULD BE SERIOUSLY HINDERED WITHOUT APPROVAL OF THIS INTERIM REQUEST AT THIS TIME.]**

It is my understanding that, at this time, the Office of Policy and Management is not requiring submission of capital development impact statements or co‐location statements as may be required by C.G.S. 4‐66b and C.G.S. 4b‐23(3) respectively.

If you have any questions concerning this matter please contact **[INSERT CONTACT PERSON INFORMATION].**

Sincerely,

**[INSERT AGENCY HEAD NAME]**

**[INSERT AGENCY HEAD TITLE]**

Attachments: Agency Plan to Reallocate Existing Resources