



FLORIDA DEPARTMENT OF MANAGEMENT SERVICES

real estate development and management

We serve those who serve Florida

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Ron DeSantis, Governor

Jonathan R. Satter, Secretary

CLIENT AGENCY AGREEMENT REQUEST FORM

To request a Client Agency Agreement from the Department of Management Services, please complete this form and email it to CAA@dms.myflorida.com.

Date Submitted: _____

Agency Information

Agency and Division/Bureau: _____

Agency Address: _____

Agency Project Contact Name: _____ Phone: _____

Email: _____

Agency's Purchasing Contact Name: _____ Phone: _____

Email: _____

Agency Budget Contact Name: _____ Phone: _____

Email: _____

Agency Signature Authority Name (signature not required at this time): _____

Desired Completion Date: _____

Scheduling Limitations (if any): _____

Lease # _____ Area of Building (ex: NW corner of 2nd floor): _____

Project Information

Project and Building Name: _____

Project and Building Address: _____

Project Scope (description of work to be performed): _____

Funding Information

Total Project Budget (including DMS Fee): \$ _____

Type of Funding (FCO, Operating, Etc.): \$ _____

Date Funds Expire: _____

Federal Funds: Yes No If yes, amount \$ _____