



Iowa Department of Human Services

Director's Sign-Off for Facility Leases

Lessee Name:

Facility Name:

Lease Action:

- New lease: *Department Institution Lease Agreement*, form 470-3765

Lessee:

- Other governmental agency
 Private not-for-profit

A check next to any of the following indicates a yes answer.

- The lessee's name has been verified to be the legal name.
- All required lease signatures are completed in all documents.
- Lease has been developed according to Department procedures and has been reviewed by employees for completeness and accuracy.
- New lease or lease extensions or modifications have been finalized for director's signature before effective date.

We recommend this action and verify that this lease action is ready for execution by the director:

Superintendent	Date
Division Administrator	Date