



LEASING COORDINATOR MEETING FEBRUARY 6, 2019





State Properties Commission

Real Property Portfolio Management

LANDLORD ISSUES

- **Document, Document, Document**
 - Without proper documentation, SPC is prevented from employing the Article V, Section 8, referred to as the “Self-Help” clause in the **SPC Master Lease**
 - Agency vs. SPC Lease
- **Agency’s should develop a process with their local offices to convey issues with the Landlord.**
 - Single POC
 - Special Forms
 - Web-based tracking system
- **Plan should be in accordance to Agency/Landlord policies and standard protocol**
- **Copy SPC on correspondence when necessary**
 - SPC should be notified/copied on major Landlord issues.



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FACILITY CHECK LIST

<https://gspc.georgia.gov/facility-check-list>



State Properties Commission

Governor Brian Kemp, Chairman

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Facility Check List

Agencies are encouraged to use the Facility Checklist on a regular basis to create and maintain an ongoing record of facility condition and maintenance. Completing and submitting the Facility Checklist will simplify the interactions between facilities managers, SPC, and landlords. It also enables Agency facility managers to submit, track progress of and view details of facilities issues in leased buildings.

Leased Facility Issues:

SPC can assist tenants who are experiencing difficulty either determining responsibility for certain property issues or getting proper attention paid to these issues. As problems with a leased facility or a landlord arise, SPC recommends two courses of action. The first step the Agency should take in resolving facility issues would be to attempt to have the problem taken care of by notifying the Landlord verbally at least once, and in writing at least once, using the Problem Letter provided below. Please be sure to document all communications with the Landlord or their property manager.

If no action is taken by the Landlord to rectify the problem after the Agency has sent a Problem Letter describing the issue in detail, the second course of action would be for the Agency to complete and submit the Facility Checklist Form and a Space Action Form (SAF) to SPC, along with any supporting information or material (a copy of the problem letter to the landlord, photos of the problem affecting the premises, emails to the landlord, etc.), in a timely manner in order for SPC to address the issue with the Landlord directly.

The Facility Checklist must be used by State agencies to provide information to SPC regarding the unresolved issue(s) experienced with a leased facility. Remember to attach any letters, photos or documentation chronicling these issues to the checklist.

Related Files

[Example Problem Letter Revised 12-12-2016.docx](#) (17.97 KB)

[Facility Inspection Checklist 03-12-18](#) (148.6 KB)

[Facility Inspection Checklist 03-12-18](#) (51.78 KB)



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EXAMPLE-PROBLEM LETTER

Leased Facility Problem Letter Example

[Send on Agency Letterhead]

Date

Via Courier Type

Landlord Contact

County Name

Address / Street

City, State, Zip

Re: Rental Agreement ####
Address of Premises

Dear Landlord Contact:

Pursuant to the above-referenced Rental Agreement with the State Properties Commission ("SPC") for the premises located at Address of Premises ("Premises"), this letter comes to reiterate your ongoing obligation as Landlord under [Article V, Section 10 or other applicable lease section] of the Rental Agreement [insert language applicable lease section concerning maintenance such as "service, ... maintain and repair the Premises, the Building and Common Area in good operable condition."] State Agency Name ("Acronym"), as the Occupying Agency, is notifying you of the immediate maintenance needed at the Premises to resolve [insert description of the maintenance issue]. We request that you provide an estimated time-table as to when the work is likely to be scheduled so that we may plan accordingly.

If action is not taken, SPC and/or Agency Acronym will move forward with engaging its own [type of services required] services, and under [Article V, Section 18 or other applicable lease self-help section] of the Rental Agreement, you shall be invoiced for the cost of these services. Action must be taken to insure the health and safety of the employees as well as the uninterrupted operations of Agency Acronym at the Premises. Should you require additional information or have any questions, please contact me, Agency Contact at Phone Number or Email Address.

Sincerely,

Agency Contact

Contact Title

cc: Agency Lease Coordinator



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TENANT SELF-HELP

Article V, Paragraph 18 (Template Document):

Non-Emergency Maintenance:

- Tenant may give Landlord written notice of maintenance needed that is Landlord's responsibility
- If Landlord fails to commence such maintenance within 10 days of written notice and Tenant gives Landlord further written notice and nothing is done in 3 days
- THEN Tenant may proceed to undertake such maintenance

Emergency Maintenance:

- Tenant may give Landlord written notice of maintenance needed that is Landlord's responsibility
- If Landlord fails to commence such maintenance within 10 days of written notice
- THEN Tenant may proceed to undertake such maintenance

Covering Cost:

Invoice Landlord

- To be paid within 10 days of receipt of invoice
- Interest of 8%, per annum, from date of payment of Tenant
- If no payment within 10 days, THEN right to deduct from rent



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TENANT SELF-HELP

- **No general right to “Repair and Deduct”**
- **NOTICE-Written Notice as defined in the Lease (Article V, Paragraph 4)**
 - Not simply an email or phone call
 - Notice under the Agreement shall be in writing
 - delivered by hand
 - sent by registered or certified mail, postage prepaid, return receipt requested or
 - sent by nationally recognized commercial courier for next business day delivery
 - to the address in the Agreement, or to such other addresses as are specified by written notice
 - Time Period Runs from
 - Hand delivery-date delivered
 - Mailed-date of deposit in the Mail



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TENANT SELF-HELP

- **Example: Ahh!- My A/C's on the fritz!**
 - Call the Landlord/Property Manager; document with confirmation email copying both the Landlord and the Property Manager
 - If there's a history of non-responsive Landlord
 - Send a Letter (see example/template spc.ga.gov)
 - Date of Lease Agreement
 - State Problem-Emergency/Non-Emergency
 - Reference Landlord responsibility
 - Reference the Self-Help section
- **Major Issue?-Let SPC know immediately**



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FACILITY INSPECTION CHECKLIST

General Information

- Download from SPC website
- Should be completed by agency on a regular basis to document property conditions. Agency to keep completed checklist in their records.
- Submit form to SPC along with SAF **ONLY** if the documented items need be addressed by SPC



270 Washington Street, Suite 2-129, Atlanta, GA 30334 (404)656-2355
Please submit form to: Transaction Management

The following inspection report should be completed quarterly, for evaluation of each property occupied by a state agency, to properly document any needed repairs or deficiencies, and will serve to notify SPC of such deficiencies. Please fill out this form in its entirety; please do not leave any spaces blank. Insert N/A if the line item is not applicable. If additional room is needed to comment, please attach additional sheets to this report. We encourage the inclusion of clearly labeled photographs to document any deficiencies or necessary repairs.

Facility Inspection Checklist

| General Information | |
|---------------------|---|
| 1 | Lease # |
| 2 | Location Address |
| 3 | Occupying Agency |
| 4 | Representative Conducting Review-contact info |
| 5 | Local Representative assisting with review-contact info |
| 6 | Date of Current Review |
| 7 | Date of Last Review |
| 8 | Review conducted by observation or interview? |

| Mechanical Systems | | | Yes | No | Comments |
|--------------------|------------|--|-----|----|----------|
| 9 | HVAC | Is HVAC working properly? | | | |
| 10 | | Are units serviced on a regular basis? If so, how often? | | | |
| 11 | | Do any HVAC units have visible leaks? | | | |
| 12 | | Thermostats working? | | | |
| 13 | | HVAC vents operational? | | | |
| 14 | Plumbing | Toilets working properly? | | | |
| 15 | | Sinks draining properly? | | | |
| 16 | | Faucets working properly? | | | |
| 17 | Electrical | Lighting clean & operating? | | | |
| 18 | | No unauthorized electrical appliances are in facility? | | | |



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FACILITY INSPECTION CHECKLIST

PROACTIVE PROPERTY MAINTENANCE


- Conduct routine inspections
 - Address issues before they become a crisis
 - Reduce repair costs & vendor maintenance contracts
 - Shorten response/repair time
- Fosters a positive Landlord/Tenant relationship
 - Preserve the value of the real estate asset for the Landlord
 - Maintain occupants' safety and well-being



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SPACE ACTION FORM

|  State Properties Commission 270 Washington Street, Suite 2-129, Atlanta, GA 30334 (404) 656-5602 Fax: (404) 651-8084 Please submit this form to: SpaceManagement@spc.ga.gov SPACE ACTION FORM | |
|---|---|
| Date: _____ | Fiscal Year: _____ |
| SPC Lease: <input type="checkbox"/> Renewal <input type="checkbox"/> Renegotiation <input type="checkbox"/> Cancellation <input type="checkbox"/> Other: _____ (excludes "New", "Relocation" & "Expansion" Requests) | TYPE OF SPACE ACTION: Primary Use: <input type="checkbox"/> Administrative/Office <input type="checkbox"/> Warehouse/Storage <input type="checkbox"/> Classroom/Training <input type="checkbox"/> Other: _____ |
| 1. FROM: (Requesting Agency/Division) | |
| Agency/Division: _____ | |
| Address: _____ | |
| Agency Official: _____ Phone: _____ Email: _____ | |
| Local Contact/Agency Coordinator: _____ Phone: _____ | |
| 2. CURRENT RENTAL INFORMATION: | |
| SPC Lease #: _____ | |
| Facility Address: _____ City & County: _____ | |
| Capacity: _____ (number of closed & open workspaces) | Occupancy: _____ (number of employees) |
| Total Sq. Ft.: _____ | |
| Annual Rent: _____ | Annual Utilities*: _____ (*If not included in rent) |
| Annual Janitorial*: _____ (*If not included in rent) | |
| Landlord Name: _____ | |
| Landlord Contact Information (phone, email, and address): _____ | |
| 3. LANDLORD OR FACILITY ISSUES: | |
| Are there any Facility Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete and attach the Facility Inspection Checklist. | |
| Are there any Landlord Issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please briefly explain below: | |
| _____ _____ _____ | |
| 4. REMARKS OR ADDITIONAL COMMENTS: | |
| _____ _____ _____ | |
| REQUESTING AGENCY CERTIFICATION: I CERTIFY THAT THE SPACE REQUESTED ABOVE IS NECESSARY FOR THE PROPER FUNCTION OF THE AGENCY NAMED, THAT SUFFICIENT FUNDS ARE AVAILABLE, AND ALL NECESSARY APPROVALS HAVE BEEN OBTAINED. | |
| Signature: (Authorizing Agency Level Official) | Date: _____ |
| For SPC Use Only | |
| Date Request Received at SMP: _____ | SMP Control Number: _____ |
| SMP Action Recommended: | |
| <input type="checkbox"/> Assign to Transaction Management | <input type="checkbox"/> Other Action: _____ |
| Authorized SMP Agent: _____ | Date: _____ |

- ✓ No changes to the Space Action Form (SAF).
- ✓ Please mark "Other" on the form when submitting requests other than renewal, renegotiation and cancellation.



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REVISIONS TO SPACE UTILIZATION QUESTIONNAIRE

- The SUQ (consisting of 4 pages) should be submitted every time there's a request for **new, relocation, expansion/contraction** of space.
- Space Standards were recently revised to remove standard conference room types and sizes. Therefore, it's important to note a few changes to the SUQ.



SPACE UTILIZATION QUESTIONNAIRE

A. AGENCY INFORMATION

Agency Name: _____
Agency Contact Name: _____
Telephone Number: _____
Agency/Division Contact Name: _____

B. DIVISION / OFFICE INFORMATION

I. Division/Office Name: _____
Current Address/Location: _____
Division/Office Contact Name: _____ Title: _____
Telephone Number: _____ Fax Number: _____
Email address: _____

Check one: State Owned Space ☐ Leased Space ☐ Lease # _____

II. Please attach a CURRENT ORGANIZATIONAL CHART including STAFF BY POSITION for Division/Office.

III. Briefly summarize the overall FUNCTION of the Division/Office.

IV. Number of employees: Full Time: Male _____ Female _____ Total _____
Part Time: Male _____ Female _____ Total _____

V. Are there employees with special needs (i.e., ADA, etc.) in the Division/Office? If so, please describe the special needs requirements to be addressed:



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REVISIONS TO SPACE UTILIZATION QUESTIONNAIRE

- Page 3:
- Section E. III a.
- The Huddle Room size will remain at 100 sf.

II. SHARED WORK AREAS (i.e. copy areas/centers, file rooms, mail rooms, etc.)

Include the total number of office desks, equipment stations and tables typically shared by employees. This does not include individually assigned offices or work stations.

| |
|--|
| |
| |

III. SHARED EQUIPMENT

List any shared special equipment (i.e., servers, copiers, printers, facsimile, etc.). Please indicate the space requirements (counter/floor) for proper equipment operation.

| <u>Equipment</u> | <u>Total Number</u> | <u>Space Requirement</u> |
|------------------|---------------------|--------------------------|
| | | |
| | | |
| | | |

D. DIVISION / OFFICE GROUP FILES AND SHELVES

GROUP FILES AND SHELVING. Refers to those which belong to the functional group as a whole. List those files that are for group or general use; do not include those which are part of any individual office or work station. Indicate the total number of cabinets by type in the appropriate column. Do not list units in individual offices or work stations.

| <u>Type of Filing or Storage</u> | <u>Size W x D</u> | <u>Quantity</u> | <u>Location</u> | <u>Secured</u> |
|----------------------------------|-------------------|-----------------|-----------------|--------------------------|
| 48" lateral | 48" x 18" | | | <input type="checkbox"/> |
| 36" lateral | 36" x 18" | | | <input type="checkbox"/> |
| Letter Vertical | 15" x 29" | | | <input type="checkbox"/> |
| Legal Vertical | 18" x 29" | | | <input type="checkbox"/> |
| Card files | " x " | | | <input type="checkbox"/> |
| Other: | " x " | | | <input type="checkbox"/> |
| Other: | " x " | | | <input type="checkbox"/> |

E. ANCILLARY/SUPPORT AREAS

I. RECEPTION/WAITING AREA. Is a reception/waiting area required by your Division/Office?

Yes ☐ No ☐ Number of guests? _____. Indicate any special requirements:

| |
|--|
| |
|--|

II. Describe the frequency and volume of PUBLIC CONTACT with your Division/Office. Describe your public access; (i.e., services, meetings/training, vehicle parking needs, etc.)

| |
|--|
| |
|--|

III. CONFERENCE SPACE

a. Is a huddle room required by your division (number of occupants for a huddle room is 1-4)?

Yes ☐ No ☐



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REVISIONS TO SPACE UTILIZATION QUESTIONNAIRE

- Page 4:
- Section E. III – **b** and **c**
- These subsections were revised in order for agencies to provide the intended occupancy of any needed conference rooms, training rooms and classrooms. Space Management will program the space based on the number of occupants.

b. Is a conference room required by your division? Yes ☐ No ☐
If yes, please provide the number of occupants expected to be in the room at any one time and how many rooms are needed based on the expected number of occupants.

| Number of Occupants | Quantity of Rooms |
|---------------------|-------------------|
| | |
| | |

c. Is a Training/Classroom/Seminar room required by your division? Yes ☐ No ☐
If yes, please provide the number of occupants expected to be in the room at any one time and how many rooms are needed based on the expected number of occupants.

| Number of Occupants | Quantity of Rooms |
|---------------------|-------------------|
| | |
| | |

IV. KITCHEN/BREAK AREA. Is a kitchen/break area required by your Division/Office? Yes ☐ No ☐
What is the expected occupancy (individuals)? _____.

V. SPECIAL PURPOSE ROOM. List all requirements (i.e., file/storage room, drug/paternity testing area, etc.). Please specify the use or purpose of the room, size, any equipment needs, security issues, etc.

| Room/Area | Size | Use |
|-----------|------|-----|
| | | |
| | | |
| | | |

E. SPECIAL CONDITIONS

Does your Division/Office require any special features? If so, please indicate below.

| | | Comments |
|----------------------------------|--------------------------|----------|
| 1. Lighting | <input type="checkbox"/> | |
| 2. Physical Security | <input type="checkbox"/> | |
| 3. Heating, Cooling, Ventilation | <input type="checkbox"/> | |
| 4. Heavy Floor Loading | <input type="checkbox"/> | |
| 5. Vault Requirements | <input type="checkbox"/> | |
| 6. Back-Up Power | <input type="checkbox"/> | |
| 7. Raised Floor | <input type="checkbox"/> | |
| 8. Optical Scanner | <input type="checkbox"/> | |

Are there required work hours other than 8 a.m. – 5 p.m. / Monday – Friday? Yes ☐ No ☐

If yes, what are the other work hours? _____



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SPACE MANAGEMENT TEAM

All Space Management forms can be found on SPC's website at

spc.ga.gov

If you have any questions contact:

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SPC CONTRACT BROKER TEAM (SAVILLS)



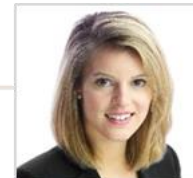
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QUESTIONS

