

**SPACE UTILIZATION QUESTIONNAIRE**

1. **AGENCY INFORMATION**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency/Division Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency / Division Finance Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **DIVISION / LOCAL OFFICE INFORMATION**

I. Division / Local Office Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local 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/ Local Office.

III. Are SPC approved Agency Specifications being used for this request? Yes ☐ No ☐

IV. Briefly summarize the overall FUNCTION of the Division/Local Office and any special requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **STAFF SPACE REQUIREMENTS**

Using the chart below, list the current number of positions and projected growth positions, if any, in each category. Please do not include any shared workspaces in the chart below.

**DEDICATED IN-OFFICE WORKSPACES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title / Function | Type | Allocated SF | Current | Projected Growth |
| Executive Director, Commissioner, Agency Head | Office | 220 |  |  |
| Deputy Executive Director, Deputy Commissioner, Division Director, Regional Director, Local Manager | Office | 120 |  |  |
| Professional (working primarily with confidential health information – prior SPC approval required) | Small office | 90 – 100 |  |  |
| Manager, Supervisor, Coordinator  (5 or more direct reports) | Workstation | 64 (8x8) |  |  |
| Professional Staff, Administrative, Tech | Workstation | 49 (7x7) |  |  |
| Call Center | Workstation | 20 (5x4) |  |  |
| Total |  |  |  |  |

**SHARED IN-OFFICE WORKSPACES**

Does the Division / Local Office have positions that will share workspaces?

Yes ☐ No ☐

If “Yes”, please use the chart below

|  |  |  |  |
| --- | --- | --- | --- |
| Title / Function | Type (Office / Workstation) | Number of Staff | Number of Work Spaces Needed |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

Total

Using the Total Number of Staff from the Dedicated chart above, indicate the number of employees:

Male:\_\_\_\_\_\_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. This section describes the contiguous work relationships or adjacencies within your division/office.

Using the legend below, indicate only the functions where contiguous work relationships are a critical factor.

*Example Reasons include: Extensive face to face contact; Shared tasks/ projects; Shared equipment / files.*

|  |  |  |
| --- | --- | --- |
| Group | Group With | Reason |
| 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

1. **ANCILLARY/SUPPORT AREAS**

I. COMMON SUPPORT AREAS (i.e. copy areas/centers, mail rooms, etc.)

List any equipment / cabinets that will be placed in the common areas of the office. Include things such as copiers, printers, scanners, shredders, production areas, etc. Please indicate the space requirements (counter/floor) for proper equipment operation.

|  |  |  |
| --- | --- | --- |
| Equipment / Cabinets | Total Number | Space Requirement |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

II. GROUP FILES AND SHELVING. Refers to those which belong to the functional group as a whole. List those files that are for office 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Filing or Storage | Size W x D | Quantity | Location | Secured |
| 48” lateral | 48” x 18” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| 36” lateral | 36” x 18” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| Letter Vertical | 15” x 29” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| Legal Vertical | 18” x 29” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| Cubby type locker | \_\_\_” x \_\_\_” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_” x \_\_\_” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_” x \_\_\_” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |

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

Yes ☐ No ☐ Number of guests? \_\_\_\_\_\_. Indicate any special equipment or requirements in this area:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IV. CONFERENCE SPACE

1. Is a huddle room required by your division (number of occupants for a huddle room is 2-4)?

Yes ☐ No ☐

If yes, please provide the number of huddle rooms needed \_\_\_\_\_\_\_\_

1. 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 |
|  |  |
|  |  |

1. 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 |
|  |  |
|  |  |

V. OPEN COLLABORATIVE WORK AREAS. Are any open areas where staff can have small impromptu or planned discussions or meetings needed?

|  |  |
| --- | --- |
| Number of Occupants | Quantity of Areas |
| Informal Collaboration Areas (up to 6 people) |  |
|  |  |

VI. KITCHEN/BREAK AREA. Is a kitchen/break area required by your Division/Office? Yes ☐ No ☐

What is the expected occupancy (individuals)? \_\_\_\_\_\_.

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

|  |  |  |
| --- | --- | --- |
| Room/Area | Approximate Size | Use |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **SPECIAL CONDITIONS**

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

Comments

|  |  |  |
| --- | --- | --- |
| 1. Special Lighting | ☐ |  |
| 2. Physical Security | ☐ |  |
| 3. Heating, Cooling, Ventilation | ☐ |  |
| 4. Heavy Floor Loading | ☐ |  |
| 5. Vault Requirements | ☐ |  |
| 6. Back-Up Power | ☐ |  |

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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide any other information that would be helpful for us in programming the unique space needs

for the Division / Local Office?

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