



STATE PROPERTIES COMMISSION

270 Washington Street, Suite 2-129, Atlanta, Georgia 30334

POLICY

TITLE: SPC 02 - Space Management: Demand Management

ADOPTED: December 11, 2012 (Effective: January 1, 2013)

REVISED:

1. References

O.C.G.A. § 50-16-41

2. Definitions

- (a) Space Management Program (SMP): The SPC process of optimizing occupancy of State-owned and leased space. Administered correctly, this process aligns assets with agency demand to provide the most efficient and cost effective workspace.
- (b) Space Action Form (SAF): The form completed and submitted to SPC by the requesting state entity that notifies SMP of a request for space – new, renewal, renegotiation, increase, decrease or termination.
- (c) Space Utilization Questionnaire (SUQ): The form completed and submitted to SPC by the requesting state entity that accompanies the SAF and is used by SMP to develop the entity Space Utilization Program.
- (d) Space Utilization Program (SUP): The form developed by SMP to determine the square footage needs for the requesting entity based on information submitted in the SAF and SUQ.
- (e) Space and Transaction Management Tracking System (SATMT): The internal project management tracking system used by SPC to monitor space planning and programming for agency requests and the procurement of commercially leased office space for agencies. SATMT also tracks similar requests for administrative office space in GBA owned and managed buildings on Capitol Hill. The system enables SPC to provide efficient workspace environments in a cost effective and timely manner for State agencies. Additionally, the application shows real time review of both staff workloads and processes. This facilitates better distribution of workload assignments and allows SPC to immediately address any inefficiency in the process.

3. Purpose

The State Properties Commission is authorized by statute to promulgate standards governing the utilization of administrative space to provide efficiency and cost effectiveness in the management of all workspace, owned and leased.

4. Policy Requirements

- (a) State entity will evaluate space demand needs and submit the appropriate request for service through the Space Action Form and the Space Utilization Questionnaire.
- (b) SPC will confirm receipt of the documentation by email to the requesting state entity and enter such information into the SATMT.
- (c) SMP will prepare a Space Utilization Program (SUP) for state entity review and approval.
- (d) SMP will research locations for the requesting state entity in State-owned or leased space and provide the location(s) to the state entity, if available space is identified.
- (e) SMP will confirm the preliminary location concept with the state entity and will provide for a site visit if requested by the state entity.
- (f) If space is not available in State owned or lease space, then SMP will transmit SAF, SUQ, and approved SUP to SPC Transaction Management or the Georgia Building Authority, whichever is appropriate.
- (g) SMP will provide a Customer Service Questionnaire (CSQ) for completion by the state entity when new space has been requested. The completed and received responses will be retained by SMP and SPC for continuous quality improvement.

5. Attachments

Attachment 1: SPC Space Action Form

Attachment 2: SPC Space Utilization Questionnaire



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: _____

TYPE OF SPACE ACTION:

SPC Lease:

- Renewal
- Renegotiation
- Cancellation
- Other: _____
(Can include "New", "Relocation" & "Expansion" Requests)

Primary Use:

- Administrative/Office
- Warehouse/Storage
- Classroom/Training
- 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: _____ Occupancy: _____ Total Sq. Ft: _____
(number of closed & open workspaces) *(number of employees)*

Annual Rent: _____ Annual Utilities*: _____ Annual Janitorial*: _____
*(*If not included in rent)* *(*If not included in rent)*

Landlord Name: _____

Landlord Contact Information (phone, email, and address):

3. LANDLORD OR FACILITY ISSUES:

Are there any Facility Issues? Yes No If Yes, please complete and attach the Facility Inspection Checklist.

Are there any Landlord Issues? Yes 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:

- Assign to Transaction Management
- Other Action: _____

Authorized SMP Agent:

Date:



EXISTING OFFICE SPACE UTILIZATION QUESTIONNAIRE

A. AGENCY INFORMATION

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

B. DIVISION / OFFICE INFORMATION

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

Currently in (check one): State Owned Space Leased Space Lease # _____

II. Attachments:

- 1. Please attach a CURRENT ORGANIZATIONAL CHART including STAFF BY POSITION for Division/Office.
- 2. Please attach a CURRENT PLAN of the office if available. If no plan is available, please contact the State Property Commission staff.
- 3. Please attach current Agency Specifications if available.

III. Please briefly summarize any changes in or program requirements of the existing Division / Office.

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

C. CURRENT STAFF SPACE INVENTORY

Allocations based on current state office standards:

Title / Function	Type	Allocated SF	Current	Projected
Executive Director, Commissioner, Agency Head	Office	220		
Deputy Exec. Dir., Deputy Commissioner, Division Dir., Regional Dir., 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)		
Hoteling / Call Center	Workstation	20 (5x4)		
Total				

D. ANCILLARY/SUPPORT AREAS

Room Description	Current Size(s) / capacity	Comments
Reception area		
Conference room		
Break room		
File room		
Storage room		
Other specialty room		

Other Comments: