SPC
State Properties Commission
REAL PROPERTY • REAL SOLUTIONS

SPACE UTILIZATION QUESTIONNAIRE

A. AGENCY INFORMATION

Agency Name: _____

Agency Contact Name: _____

Telephone Number: _____

Agency/Division Contact Name: _____

Agency / Division Finance Contact Name: _____

B. 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.

_____

_____

_____

_____

C. 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.

<u>DEDICATED</u> 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				

<u>SHARED</u> 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 <u>Dedicated chart</u> 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._____	_____	_____

D. 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. <u>RECEPTION/WAITING AREA</u>. Is a reception/waiting area required by your Division/Office?
Yes ☐ No ☐   Number of guests? _____. Indicate any special equipment or requirements in this area:

_____

_____

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.)

_____

_____

IV. <u>CONFERENCE SPACE</u>

    a. 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 _____

    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

V. <u>OPEN COLLABORATIVE WORK AREAS.</u> 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. <u>KITCHEN/BREAK AREA.</u> 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. 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?

_____

_____