



# STATE PROPERTIES COMMISSION

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

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## 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



200 Washington Street, Suite 2-129, Atlanta, GA 30334 (404) 656-5602 Fax: (404) 651-8084

Please submit this form to: [SpaceManagement@spc.ga.gov](mailto:SpaceManagement@spc.ga.gov)

# SPACE ACTION FORM

Date: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

### TYPE OF SPACE ACTION:

#### SPC Lease:

- New
- Renewal
- Renegotiation
- Cancellation
- Other: \_\_\_\_\_

#### 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 #: \_\_\_\_\_

Address: \_\_\_\_\_

City & County: \_\_\_\_\_

Capacity: \_\_\_\_\_  
*(number of closed & open workspaces)*

Occupancy: \_\_\_\_\_  
*(number of employees)*

Total Sq. Ft: \_\_\_\_\_

Annual Rent: \_\_\_\_\_  
*(\*If not included in rent)*

Annual Utilities\*: \_\_\_\_\_

Annual Janitorial\*: \_\_\_\_\_

### 3. LANDLORD ISSUES: (Please provide brief description and attach any related correspondence)

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

### 4. NEW LOCATION REQUIRED: (Please provide brief description)

City & County: \_\_\_\_\_

Occupancy Date Desired: \_\_\_\_\_

Projected Annual Rent Amount: \_\_\_\_\_

Projected Occupancy: \_\_\_\_\_  
*(number of employees on questionnaire/includes growth)*

### 5. 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 State-owned or Leased Space (BLLIP review attached)
- Assign to Transaction Management
- Other Action: \_\_\_\_\_

**Authorized SMP Agent:**

**Date:**



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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**C. STAFF SPACE REQUIREMENTS**

SPC Space Standards provide for categories of workspace determined by the function of the work performed. Using the chart below, list the **current** number of positions and **projected growth** positions, if any, in each category.

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		
Manager, Supervisor, Coordinator (5 or more direct reports)	Workstation	64 (8x8)		
Professional Staff, Administrative, Tech	Workstation	49 (7x7)		
Hoteling / Call Center	Workstation	20 (5x4)		
<b>Total</b>				

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.

PRIORITY

- A. Important to be close
- B. No importance
- C. Must be separated

REASON

- 1. Extensive face-to-face contact
- 2. Shared tasks/projects
- 3. Shared files/equipment (specify)
- 4. Other (specify)

<u>Group With</u>	<u>Group</u>	<u>Priority/Reason</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

II. SHARED WORK AREAS

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.

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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:

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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.)

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III. CONFERENCE SPACE

a. Is a huddle room required by your division? Yes  No

b. Is a conference room required by your division? Yes  No . If yes, how many of each type is needed?

Title	Number of Occupants	Square footage	Quantity
Small conference room	6-8	275	
Medium conference room	10-12	350	
Large conference room	14-16	500	



- c. Is a Training/seminar room required by your division? Yes  No . If yes, how many of each type is needed?

Number of Occupants	Square footage	Quantity
24-32	1,000	
41-60	2,000	

- 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.

<u>Room/Area</u>	<u>Size</u>	<u>Use</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**F. SPECIAL CONDITIONS**

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

- 1. Lighting
- 2. Physical Security
- 3. Heating, Cooling, Ventilation
- 4. Heavy Floor Loading
- 5. Vault Requirements
- 6. Back-Up Power
- 7. Raised Floor
- 8. Optical Scanner

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