



STATE PROPERTIES COMMISSION

47 Trinity Avenue, S.W., Suite G02 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



47 Trinity Avenue, S.W., Suite G02, 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:

- New
- Renewal
- Renegotiation
- Cancellation
- Other: _____

GBA IGA:

- New
- Increase
- Decrease
- Cancellation
- GBA Estimate

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: _____ Occupancy: _____ Total Sq. Ft: _____
(number of closed & open workspaces) (number of employees)

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

GBA Bldg./Floor#: _____

Capacity: _____
(number of closed & open workspaces)

Occupancy: _____
(number of employees)

Total Sq. Ft.: _____

3. NEW LOCATION REQUIRED: (Please provide brief description)

City & County: _____

Projected Monthly Budgeted Rent Amount: _____

Occupancy Date Desired: _____

Projected Occupancy: _____
(number of employees on questionnaire/includes growth)

- Use: Administrative/Office
 Warehouse/Storage
 Classroom/Training
 Other: _____

GBA Bldg./Floor#: _____

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 State-owned Space
- Assign to Transaction Management
- Assign GBA Space
- Other Action: _____

Authorized SMP Agent:

Date:



SPACE UTILIZATION QUESTIONNAIRE

Please use tab key to advance through fields.

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:

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.

Function	Quantity	
	Current	Projected Growth
Executive Management		
Senior / Middle Management		
Professional / Administrative		
Professional / Technical		
Hoteling		
Total		

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.

- | | |
|--------------------------|-------------------------------------|
| <u>Priority</u> | <u>Reason</u> |
| A. Important to be close | 1. Extensive face-to-face contact |
| B. No importance | 2. Shared tasks/projects |
| C. Must be separated | 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.

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 Requirements</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. DIVISION / OFFICE GROUP FILES AND SHELVES

GROUP FILES AND SHELVING refer 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 / MEETING ROOMS. Is a conference / meeting room required by your Division / Office? Yes No What is the expected occupancy (participants)? _____. Tables / Chairs Chairs

IV. TRAINING ROOM. Is a training room required by your Division / Office? Yes No What is the expected occupancy (participants)? _____.

V. Can the Conference / Meeting Room and Training Room be combined? Yes No

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 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