

Agency and FOR DPM&C USE ONLY

SPR Part 3

Department	Division														
Purposed Lease Term	Catchment Area(Desired)														
Purpose of Space Plan : (use this space for comments)	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Renewal Option</td> <td><input type="checkbox"/> Additional Need</td> </tr> <tr> <td><input type="checkbox"/> Backfill</td> <td><input type="checkbox"/> Relocation – In - Kind</td> </tr> <tr> <td><input type="checkbox"/> Informational Update</td> <td><input type="checkbox"/> New Requirement</td> </tr> <tr> <td><input type="checkbox"/> Leased to State – Owned</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td colspan="2">Smart Growth Form Submitted ?</td> </tr> <tr> <td style="text-align: right;"><input type="checkbox"/> YES</td> <td></td> </tr> <tr> <td style="text-align: right;"><input type="checkbox"/> NO</td> <td></td> </tr> </table>	<input type="checkbox"/> Renewal Option	<input type="checkbox"/> Additional Need	<input type="checkbox"/> Backfill	<input type="checkbox"/> Relocation – In - Kind	<input type="checkbox"/> Informational Update	<input type="checkbox"/> New Requirement	<input type="checkbox"/> Leased to State – Owned	<input type="checkbox"/> Other _____	Smart Growth Form Submitted ?		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
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<input type="checkbox"/> YES															
<input type="checkbox"/> NO															

Indicate Additional Attachments/Comments

Attachment(s): _____

Further Comments: _____

SPR # _____

DPMC USE ONLY

DPMC Space Planning Request SECTION A

A.1 - POSITION SPACE

		A	B	C	D	E	F	G	H	I
C O D E	Position Space Types (only Codes A, B, C & D1 are hardwall types) A - 1	Std. S.F. Per Unit	Current F.T. E	Approved Additional F.T.E. (Incl. Growth)	Other (Non- F.T.E.) (Includes Part-time)	Approved Total Positions (Cols B + C + D)	Multiplier	Total Raw Square Feet (AxExF)	Circulation Factor	TOTAL Gross SF (G x H)
A	Department Head	350					1.0		1.6	
B	Deputy/Asst or Div Director	225					1.0		1.6	
C	Deputy/Asst Dir or Bureau/Section Chief	150					1.0		1.6	
D	Asst Chief/Office Supervisor	110					1.0		1.6	
E	Full-Time Office Employee	64					1.0		1.6	
F	Field Staff	48					1.0		1.6	
G	Hotelled Staff (Shared)	48					0.5		1.6	
	OTHER _____						1.0		1.6	
	TOTAL									

Justification/Comments: Note: Hotelled station (G) will have two people sharing one work station.

A.2 - SUPPORT SPACE

	A	B	C	D	E
Space Types (Non-Position) A - 2	Standard Sq Ft Per Unit	# Units (Actual or Need)	Total Raw SF (A x B)	Circulation Factor	TOTAL Gross Square Ft (C x D)
Files (In Open Area Only)	5			1.6	
Storage A	150			1.6	
Storage B	300			1.6	
Break Area (Staff < 20)	100			1.6	
Break Area (Staff size 20 to 100)	250			1.6	
Break/Lunch Room **	500			1.4	
Copy Area	100			1.6	
Copy Center (includes mail / recycling)	175			1.6	
Voice/Data Rm A (< 100 staff)	100			1.6	
Voice/Data Rm B (> 100 staff)	200			1.6	
Printer/Fax (8' x 2.5')	20			1.6	
Client Restroom	60			1.6	
Employee Restroom (TBD)				1.6	
Client Waiting / Reception Area (TBD)				1.6	
Conference Room A (6 - 10 Persons)	150			1.6	
Conference Room B (11 - 20 Persons)	300			1.6	
Conference Room C (21 - 40 Persons)	600			1.4	
TOTAL					

Justification/Comments: **** DPM&C Approval Required (Lunchroom, Multipurpose Room, etc.)**

(Attach additional sheets as necessary)

A.3 - OTHER SPACE TYPES

Other Space Types (Non-Position) – List A – 3	A Standard Sq. Ft Per Unit	B # Units (Actual or Need)	C Total Raw SF (A x B)	D Circulation Factor	E TOTAL Gross Square Ft (C x D)
Multipurpose Room (> 80 people) **	1200			1.3	
File Room/Area A	300			1.6	
File Room/Area B (High Density System)	600			1.4	
File Room/Area C (High-Density System)	900			1.4	
Interview Room	100			1.6	
Library				1.6	
Courtroom				1.4	
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
Other _____					
TOTAL					

A.3 - OTHER SPACE TYPES (cont.)

Comments: For "other" (fill-ins), circulation factor should be 1.6 for any standard unit less than 400 sf. If over 400 sf, then circulation should be 1.4, up to 1000 sf. Over 1000, c.f. is 1.3.

(Attach additional sheets as necessary)

A.4 - PARKING

A	B	C	D
No. of State Vehicles	No. of Employees	Visitors Per Day	Total Parking (Est)

Justification/Comments: Handicapped space allowance addressed in Schedule B Construction Specifications.

(Attach additional sheets as necessary)

**SECTION B
SPACE REQUIREMENT COMPUTATION**

A	B
Space Type	Agency Requested
1. Position Space From SPR Part 3 Section A.1 (Column I)	
2. Support Space From SPR Part 3 Section A.2 (Column E)	
3. Other Space Types From SPR Part 3 Section A.3 (Column E)	
TOTAL	
4. Parking From SPR Part 3 Section A.4, Parking Spaces – Column D	

SECTION C

SPACE SITING QUESTIONNAIRE

1. Assuming availability, could this program be housed within other state-owned space within program service area? If NO, provide explanation. YES NO

Explanation:

(Attach additional sheets as necessary)

2. Is this space requirement location dependent upon changing programmatic concerns? If YES, provide explanation. YES NO

Explanation:

(Attach additional sheets as necessary)

3. Can this program be co-located with other governmental programs (State, County, Local)? If NO, provide explanation. YES NO

Explanation:

(Attach additional sheets as necessary)

4. Can other field offices of this program be consolidated/co-located with this requirement? If NO, provide explanation under separate cover. N/A YES NO

Explanation:

(Attach additional sheets as necessary)