Agency: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

State Building ID or Lease Number:       City: \_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by:       Approved by:       Date Submitted: date

**1.** **AGENCY FTE INFORMATION**

*Please attach* ***FTE Information*** *and* ***Program Organizational Chart****.*

**2. DEPARTMENT PROGRAM/DIVISION BREAKDOWN**

Department Program/Division Name:        
Please list all programs and the number of employees within each department/division:

|  |  |
| --- | --- |
| Program Name | # of FTE’s |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**3. ADJACENCY REQUIREMENTS:** Please indicate the adjacency priority of each department/division to department/division using one of the following Priority Codes:

**A** = Absolutely essential; **B** = Important, not critical; **C** = Probably helpful; **D** = To be avoided

|  |  |  |  |
| --- | --- | --- | --- |
| Department/Division | To | Department/Division | Priority Code |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Please indicate adjacency priority of each program within a department/division using one of the Priority Codes provided above.

|  |  |  |  |
| --- | --- | --- | --- |
| Division/Program | To | Division/Program | Priority Code |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**4. EVALUATION OF EXISTING SPACE:** Note any space economies and current efficiencies you hope to maintain and any space related problems that you hope to resolve or avoid.

|  |
| --- |
|  |

**5. LOCATION REQUIREMENTS:** Provide any location requirements that your agency has mandated this program to be within for this city including zip codes location limits: (agency may be required to provide justification, if within a limited boundary of the city)

|  |
| --- |
|  |

**6. SECURITY:** Note any special requirements that your space must address in terms of restricted access.

|  |
| --- |
|  |

**7. AFTER HOURS USE:** Identify any shift work or other than normal work hour’s activity and any unique heating / cooling requirements.

|  |
| --- |
|  |

**8. VISITORS:** Note the average daily number of visitors to your Division and the program that will channel these visitors within your division. Note any peak traffic periods that requires special consideration.

|  |  |  |
| --- | --- | --- |
| Program | # of Daily Visitors | Peak Time Periods |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**9. CONFERENCE REQUIREMENTS:** Identify on the following table your average weekly utilization. Use the accompanying codes for meeting sizes and scheduling priority.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Meeting | Size Code | Avg. Length of Meeting | Avg. Number per Week | Scheduling Code |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Size Code** | **Scheduling Code** |
| 1 = 4 to 6 people | A = Highest priority |
| 2 = 7 to 10 people | B = Regularly scheduled |
| 3 = 11 to 15 people | C = Non-routine, but may be scheduled |
|  | D = May be held as space is available |

**10. SPACE PLANNING ALLOCATION INSTRUCTIONS & FORM**

**General Notes**

Provide your best informed estimate of personnel requirements for which space is ultimately being planned.

|  |  |  |
| --- | --- | --- |
| Column 1  tab | ITEM | Assign a unique sequential number to each line item entered under "Type of Space." |
| Column 2  tab | TYPE OF SPACE | In general, space is used either for "Personnel," primary work space for an individual, or for "Support Facilities," space for equipment, storage or space shared by personnel but not assigned to any individual as primary work space. |
|  | PERSONNEL | Work space will be provided based on program/functional type (management staff, professional and technical staff, and administrative support staff). |
| tab | SUPPORT FACILITILIES | See office areas listed under Support Facilities. |
| tab | Open File Area | File cabinets shared by a department or work group and not contained within an individual work station or an enclosed room. Indicate number and type (letter size, legal size or lateral) in the remarks section. |
| tab | Enclosed File Room | A room used primarily to secure files. Indicate number and type (letter size, legal size or lateral) in the remarks column. |
| tab | Extraordinary File Storage | Space for special filing systems such as high density storage, electronic or mechanically assisted systems. Indicate type, manufacturer, and the system's overall dimensions in the remarks column. |
| tab | Office Machine Area | Space for copying equipment, facsimile or network printer stations. Indicate number of each piece of office machine equipment. |
| tab | Office Supply/Material Storage | Supply cabinets or other special storage units. Please specify the type of materials stored and number of supply cabinets in the remarks section. |
| tab | Other Storage | Rooms required for particular bulk storage or equipment storage. Describe materials to be stored in remarks column. |
| tab | Special/Other | Special use areas. Provide detailed description in the remarks column. List separately if more than one area. Written justification is required. |
| Column 3 tab | CURRENT NUMBER OF PERSONNEL/SUPPORT FACILITIES | Indicate the total number of employees who require space of each type during normal business hours. Include shift workers or part-time workers only if they require distinct, additional space. |
|  | For Personnel | Management Personnel |
|  |  | Professional and Technical Personnel |
|  |  | Administrative Support Personnel |
|  | For Support Facilities | Indicate the required number of separate areas of each type. |
| Column 4 tab | ADJACENCIES | For each type of space that must be located relative to another, indicate the item number of personnel or support facilities that should be immediately adjacent. To avoid repetitious cross-referencing, you only need to show the most important adjacencies and only for the controlling item (i.e., list the required adjacencies on the line item, which when located, will determine the location of other items). |
| Column 5 tab | REMARKS/EQUIPMENT NOTES | Provide any information or comments that clarify the type of space required. Please note special mechanical, electrical or communications requirements associated with the function or equipment within the space. |

**SPACE PLANNING ALLOCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** |  | **4** | **5** |
| **ITEM** | **PERSONNEL** | **CURRENT**  **NUMBER OF**  **PERSONNEL /**  **FACILITIES** |  | **ADJACIENCIES** | **REMARKS/EQUIPMENT NOTES** |
|  |  |  |  |  |  |
| 1 | Management |  |  |  |  |
| 2 | Professional |  |  |  |  |
| 3 | Administrative |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **ITEM** | **SUPPORT FACILITIES** | **CURRENT**  **NUMBER OF FACILITIES** |  | **ADJACENCIES** | **REMARKS/EQUIPMENT NOTES** |
| 4 | Open File Area |  |  |  |  |
| 5 | Enclosed File Room |  |  |  |  |
| 6 | Extraordinary File Storage |  |  |  |  |
| 7 | Office Machine Area |  |  |  |  |
| 8 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 9 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 10 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 11 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 12 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 13 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 14 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 15 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 16 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 17 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 18 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 19 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| 20 | Type\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |