

# INSTRUCTIONS FOR COMPLETING A CMS SPACE REQUEST FORM - LEASED FOR LEASED PROPERTY

(Form II 401-0006 rev. 3/16/21)

The *Space Request Form* shall be completed by the Using Agency requesting space in a building leased by the State or requesting space in a building to be leased by the State through a *Request For Information (RFI)* process. The *Space Request Form* is also required for requesting the renewal of an existing lease, requesting termination of an existing lease, requesting an amendment to an existing lease and for requesting tenant improvements to leased property during the term of the lease. An agency requesting delegation of leasing authority must also complete a *Space Request Form*.

Any action requested by a Using Agency relating to space needs for leased property requires the submittal of a completed *Space Request Form* to the Bureau of Property Management (BoPM) Leasing Department. Contact information is available at the bottom of this page.

Complete the *Space Request Form* as follows:

- 1 CONTACT INFORMATION:** Enter the name and address of the Using Agency requesting CMS approval for action relating to the agency's space needs. Include the name of the "Agency Contact" person with CMS BoPM Leasing, their title, telephone number(s) and email address for correspondence.

Enter the name, current address, and number of staff of the unit (Department, Bureau, Division, Section, etc.) to occupy newly acquired space or occupying the existing space for which requested action applies. Include the name of the "Agency Fiscal Contact" person with their title, telephone number(s) and email address for correspondence as cost may be involved.

- 2 ACTION REQUESTED:** Use the drop down menu to select the desired action of BoPM Leasing department regarding an existing or new lease. If a new lease or a lease relocation is expected to be under 10,000 Square Feet and cost under \$100,000 per year then please select the *Alt-RFI under 10,000 SF under \$100,000 year* option from the drop down. If the *action requested* is related to an existing lease please be sure to include the existing Lease Number and it's current Expiration Date. If the action selected was *IGA/IAA for new location*, please indicate in the IGA/IAA Identified Opportunity box, the location and the agency, institution or governmental entity this desired IGA/IAA will be with. This information is critical for assisting CMS in identifying the most appropriate action to take to accomplish the action requested.

Enter the desired lease term. The standard lease term is five years (60 months) with a termination option. A renewal option may be included in the lease terms, for a maximum lease term of 10 years (120 months). All leases are subject to termination and cancellation in any year for which the General Assembly fails to make an appropriation to make payments under the terms of the lease. Enter the primary site and building use. If additional space is needed for any expansion, please attach additional documentation. Enter the appropriation funding source for "non-consolidated" agencies, and the maximum rental rate desired for this space.

- 3 LOCATION REQUESTED:** Enter the "City/Area" and "County" requested to satisfy the Using Agency's programmatic needs and provide proper justification as to why. Include "Boundaries" (road and street or other identifiable geographical boundaries) when the Using Agency's programmatic needs are specific to particular locations. For example, a location along a public transportation route may increase client accessibility to services. Please note that in some instances location requested may return zero (0) bids and it may be necessary for agencies to provide a larger perimeters for the location.

- 4 PERSONNEL SPACE:** Information only needs to be entered in the Business Unit "(BU) Name", "Number of Full Time Positions", "Number of Part Time Positions" and "Comments" fields. The "Subtotal" and "BU Total SF" fields are automatically updated as the user enters information in the "Number of Positions" field. In the space provided, list each business unit name. For each space type designate the number of employees in the unit that are either Part-time or Full-time in the two columns. In the comments section please highlight any offices, workstations or cubicles that have been included for field staff or as secondary office space for senior personnel who may also have an office at another location.

Under the Projected Head Count (HC) list any additional positions that are expected to be added to the unit in the next two years and the anticipated office space type needed. This projection **should not** reflect the agency or business unit organizational chart open positions. **Only list positions that have been approved and budgeted** to be added in the next 2 fiscal years.

Per the new CMS Space Standards (effective September 1, 2020), space type for each position to be designated as *standard, medium or executive office space, standard, medium or executive cubicle space, or Bench space* (open interior workstation). "Professional" full-time employees may be assigned either an office or a cubicle. Any request for "Professional" office space must include justification (examples: security, confidentiality, private consultation) in the comments section. "Field Staff" employees may be assigned either a cubicle or an open space. No less than two (2) Field Staff shall be assigned to each individual work station.

The spreadsheet will automatically calculate the subtotal area allowance (see Office Space Standards and Area Allowance below) for the Business Unit. The area allowance takes into consideration the share of circulation space required for each position type. The spreadsheet then automatically calculates the total square feet required per personnel type by adding the subtotal personnel area to the subtotal area allowance. As the number of positions are entered, the subtotal per position, subtotal area allowance per position, and total square feet for each business unit will be automatically calculated.

If more than seven business units will be occupying the space, call the CMS-BoPM for clarification.

If the Using Agency's intention is to renew the lease in the existing location, please list existing square footage in the comment section.

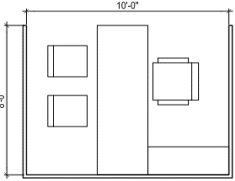
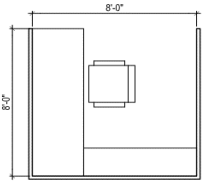
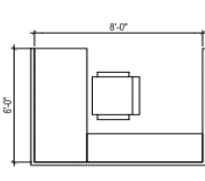
## Office Space Standards

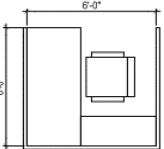
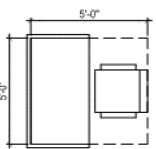
### Enclosed Interior Office Spaces

<b>Personnel Type</b>	<b>Directors/Deputy Directors</b>		
<b>Space Type</b>	Executive Office		
<b>Area (SF)</b>	225 to 250 <i>Note preferences for executive office layout in the comments section of 'Worksheet - Personnel Space'. Alternatives larger than 250 SF require business case justification.</i>		
<b>Illustrative furniture layout</b>	<p>Alt. 1</p>	<p>Alt. 2</p>	<p>Alt. 3</p>

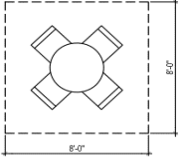
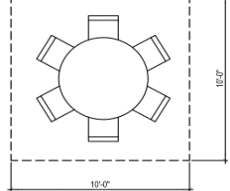
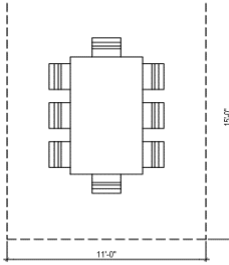
<b>Personnel Type</b>	Department / Agency Executive Staff (COS, COO, GC)	Division/Bureau Heads	Employees conducting private/confidential business	Managers and legal staff
<b>Space Type</b>	Large Office	Medium Office	Standard Office	Small Office
<b>Area (SF)</b>	180	150	120	100
<b>Illustrative furniture layout</b>				

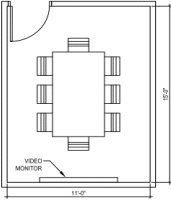
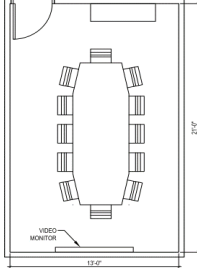
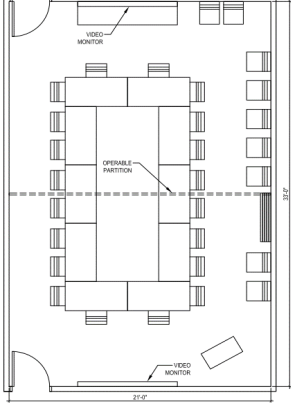
**Open Interior Work Station Spaces**

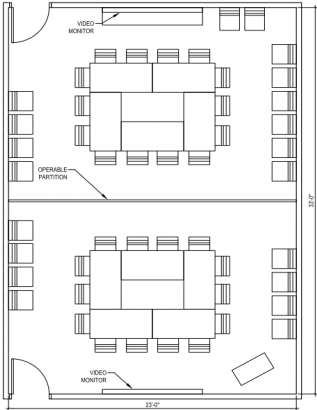
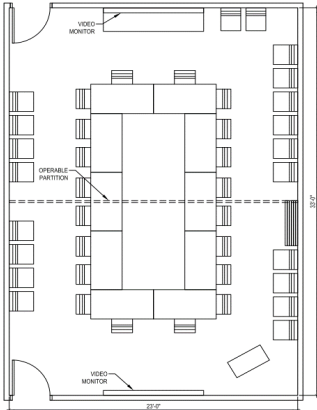
Personnel Type	Managerial Staff / Professional Staff with unique requirements (CMS approval required)	Managerial Staff / Professional Staff	Professional Staff
Space Type	Executive Cubicle	Large Cubicle	Medium Cubicle
Area (SF)	80	64	48
Illustrative furniture layout	 <p>layout may or may not have guest seats</p>		

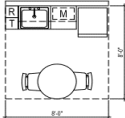
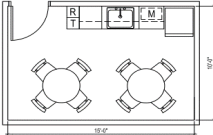
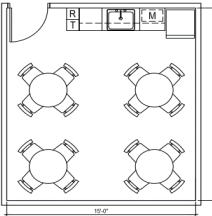
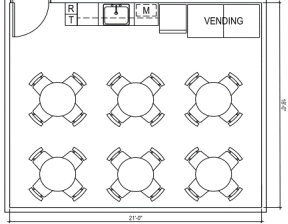
Personnel Type	Professional Staff / Clerical Staff	Staff / Clerical/ Field Staff
Space Type	Standard Cubicle	Bench (Open Work Station)
Area (SF)	36	25 to 30
Illustrative furniture layout		

5 **COMMON OFFICE SPACE:** Information only needs to be entered in the "Requested Quantity" and "Comments" fields in this section. The "Subtotal" and "Total SF" fields are automatically updated as the user completes the "Requested Qty." field. List the number of each type of common and support space required. See the Common Office Space Standards table below. If the conference room standards listed below do not meet the department's needs, an additional space may be entered under "Additional Space Requests" along with the required area and a justification in the comments section. Conference Rooms should be established only when they will be used at least 15 hours per week. Approximately 20 half-day sessions per month are considered justification for one room.

Space Type	Huddle	Huddle	Huddle
Size	Small	Medium	Large
Seats / Area	4 seats / 64 SF	6 seats / 100 SF	8 seats / 165 SF
Illustrative furniture layout			

Space Type	Conference	Conference	Conference
Size	Small	Medium	Large - Alt. 1
Seats / Area	8 seats / 165 SF	12 seats / 273 SF	20-30 seats / 750 SF
Illustrative furniture layout			

Space Type	Conference	Conference
Size	Large - Alt. 2A	Large - Alt. 2B
Seats / Area	20-40 seats / 760 SF	20-40 seats / 760 SF
Illustrative furniture layout		

Space Type	Break Room	Break Room	Break Room	Break Room
Size	Mini	Small	Medium	Large
Seats / Area	0-2 seats / 64 SF	8 seats / 150 SF	16 seats / 250 SF	24 seats / 378 SF
Illustrative furniture layout	 <i>If an enclosed room, table and chairs will be omitted due to ADA requirements.</i>			

**STORAGE SPACE:** Information only needs to be entered in the "Requested Quantity" and "Comments" fields in this section. The "Subtotal" and "Total SF" fields are automatically updated as the user completes the "Requested Qty." field. To the maximum extent feasible, lockable storage cabinets in lieu of walled storage and supply areas shall be used. Special Requirements should be entered under the "comments" column (example: structural support for concentrated loading, security locksets, etc.). For supply room space, any heavy equipment including safes or large volumes of books or files must be noted so CMS is able to determine specific floor loading requirements. Additional storage spaces such as file rooms may be entered under "Additional Space Requests" along with the required area (example: a larger or smaller Copy / Mail Room requirement).

The space allocated for Assembly Areas, Common Office Areas and Storage Areas will be based upon a multiple of the allocation for the standard interior office space to facilitate future reconfiguration of space. Special requirements for each space should be entered under the "Comments" column. Before submitting this space request, review any union contracts for compliance with provisions of the contract.

**SPECIALTY SPACES:** Spaces that are not captured under the standard fields such as hearing rooms and computer rooms may be entered in the Common Spaces worksheet under "Specialty Space Requests". This is optional and may not be necessary for all agencies. Written justification may be required for specialty spaces.

<b>Space Type</b>	Hearing Room
<b>Seats / Area</b>	6 seats / 300 SF
<b>Illustrative furniture layout</b>	

**6 SUMMARY OF SPACE NEEDS:** The Summary of Space Needs tab will automatically calculate the total Personnel and Common space required and the percentages of each of the total rentable square footage. Here you can also compare your requested space to industry standards. If the Space Requested is significantly above industry standards then a written justification will likely be required.

**7 CHECKLISTS:** The Workstation, Building, Technology, and Site Requirement Checklists help CMS to better match the Using Agency's needs with an appropriate site.

For each question on the Workstation, Building, and Technology Checklists, enter a "Y" if the question applies to the Using Agency or an "N" if the question does not apply to the Using Agency. Add comments as necessary to better explain the Using Agency's needs.

**8 PARKING:** This may not be applicable for Agency's request. If it is, for each item on the Site Requirement Checklist, enter the requested number of parking spaces requested by the Agency. Please identify the request for Using Agency's staff and clients and the number of handicap accessible spaces that may be requested for any accommodation. Please provide justification for the request. CMS may enter an adjustment based on the type and amount of parking requested and request additional information from the User Agency prior to approvals or rejection or adjustment. The requested number of parking spaces will be automatically calculated as the number is entered. The total number of parking spaces will be calculated when CMS reviews the form.

Under Parking Space Information, enter the space number, employee the space is assigned to, the employee's title, and license plate number, and whether or not the space will be used by a motor pool vehicle. If the space will be designated for client parking, enter "Client" in the "Assigned To" column.

If the Space Request is for PARKING SPACES ONLY, submit the following sections: 1 Contacts, 2 Action Requested, 3 Location Desired, 10 Parking Checklist, and 12 Justification. NOTE: Justification for parking spaces must be provided in accordance with the CMS, Property Management Operations Policy on Parking at State Facilities, Policy No. 02.01.00, or the request will be denied.

**9 AMERICANS WITH DISABILITIES ACT (ADA) SUPPLEMENT:** The CMS Space Request form requires the completion of the “Americans with Disabilities Act (ADA) Supplement.”

If the Section 504 Coordinator knows of a reasonable accommodation necessary for an individual with a disability to perform their work, this is the appropriate place to notify CMS that such accommodation is to be included in the tenant improvements to the facility. Provide the requested contact information for the Section 504 Coordinator(s) (or other agency or designated individual(s) responsible for accessibility issues under Title II of ADA for the Using Agency. The Using Agency’s Coordinator has documents submitted in compliance with Title II of ADA which define specific barriers to accessibility of the programs, services, and activities conducted at each facility which need to be addressed at time of lease renewal. Attach these documents or summarize any known accessibility issues which require resolution as part of the action requested by submittal of the *Space Request Form*. Respond to the requested information in as much detail as possible.

**10 UTILITIES:** To be completed internally by CMS personnel and likely existing.

**11 COMMENTS/JUSTIFICATION:** Respond to the requested information in this section by providing detailed comments and justifications. For lease renegotiations CMS must determine if it is in the best interest of the State to remain in the premises or to solicit proposals for new space; it is the responsibility of the Using Agency to provide sufficient justification in this section of the *Space Request Form*. NOTE: Justification for parking spaces must be provided in accordance with the CMS, Property Management Operations Policy on Parking at State Facilities, Policy No. 02.01.00, or the request will be denied.

Providing insufficient detail may result in a delay in processing the request or denial of the request.

**SIGNATURES:** All Space Request Forms must be signed by the “Designated Agency Liaison” to the CMS Property Management, “CFO of the Requesting Agency”, and by the “Director” or “Secretary” of the Using Agency.

**PRINTING INSTRUCTIONS**

To print the entire document, click on File, Print, and select **Entire Workbook** under *Print What*. Page numbers will display for the entire workbook. To print one worksheet at a time or a combination of worksheets, click on File, Print, and select **Active Sheet(s) or Selection** under *Print What*. Page numbers will display for the worksheet(s) selected.

**COMPLETED SPACE REQUEST FORMS** are to be emailed to: [CMS.SpaceRequest@illinois.gov](mailto:CMS.SpaceRequest@illinois.gov)

Questions may be sent to:  
Albert A. Coll  
Bureau of Property Management  
Illinois Department of Central Management Services  
313 S. 6th Street  
Springfield, IL 62701

Phone: 217-782-5641  
Email: [albert.a.coll@illinois.gov](mailto:albert.a.coll@illinois.gov)

**CMS-BoPM Contacts**

<b>Name</b>	<b>Title</b>	<b>Office</b>	<b>Cell</b>	<b>E-Mail</b>
Michael Pittman	Deputy Director	(217) 558-1652	(217) 761-0328	<a href="mailto:michael.pittman@Illinois.gov">michael.pittman@Illinois.gov</a>
Jennifer Haley	Assistant Deputy Director	(312) 814-6684	(312) 617-7187	<a href="mailto:jennifer.haley@Illinois.gov">jennifer.haley@Illinois.gov</a>
Albert Coll	Property and Transactions Manager	217-782-5641	217-494-7014	<a href="mailto:albert.a.coll@Illinois.gov">albert.a.coll@Illinois.gov</a>
Matthew Wolf	CMS - Architect	(217) 782-5585	(217) 299-4832	<a href="mailto:matthew.wolf@Illinois.gov">matthew.wolf@Illinois.gov</a>

**Central Management Services**  
**Bureau of Property Management/Real Estate**  
**SPACE REQUEST FORM - LEASED**  
 Contacts and Action Requested

**1. CONTACT INFORMATION**

Date:	<input type="text"/>	Division/Unit to Occupy:	<input type="text"/>
Using Agency:	<input type="text"/>	# Staff at Existing Location:	<input type="text"/>
Address:	<input type="text"/>	Present Address:	<input type="text"/>
City, Zip:	<input type="text"/>	City, Zip:	<input type="text"/>
Agency Contact:	<input type="text"/>	Agency Fiscal Contact	<input type="text"/>
Title:	<input type="text"/>	Title:	<input type="text"/>
Email:	<input type="text"/>	Email:	<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>

**2. ACTION REQUESTED**

<b>Action Requested:</b>	<input type="text" value="Click here and select from the drop-down menu"/>	Action Requested - Comments	<input type="text"/>
<b>Lease Number:</b>	<input type="text"/>		
Current Expiration Date:	<input type="text"/>		
Proposed Lease Term:	<input type="checkbox"/> 60 months <input type="checkbox"/> 12 months <input type="checkbox"/> Other	Primary Site Use:	<input type="text"/>
		Primary Building Use:	<input type="text"/>
Space in State Owned Facility? IGA/IAA Identified Opportunity	<input type="checkbox"/> <input type="text"/>	Building Location:	<input type="text"/>
Funding source for "non -consolidated" Property	<input type="text"/>	Maximum rate to be paid by Agency (Rate includes charges for estimated facilities management services provided by CMS and billed in accordance with rates established by CMS as defined by OMB Circular A-87.)	<input type="text"/>

**3. LOCATION DESIRED**

City/Area:	<input type="text"/>		
County:	<input type="text"/>		
Boundaries:	North:	South:	<input type="text"/>
	East:	West:	<input type="text"/>
Reason for Location:	<input type="text"/>		

**Central Management Services**  
**Bureau of Property Management/Real Estate**  
**SPACE REQUEST FORM - LEASED**  
**Space Worksheet**

**4. PERSONNEL SPACE**

Enter each BU name and the number of full-time, part-time, and prospective positions associated with each Interior Office space type.

Split prospective positions into those expected in the next 12 months (Year 1) and those expected 12-24 months from now (Year 2).

Enter Comments as needed.

Summary	Current positions		Personnel space needs	
	Full Time	0	<b>Area needed for Current Positions</b>	<b>USF</b>
	Part Time	0	Area needed for Current & Prosective Position	USF
	<b>Total Current Positions</b>	<b>0</b>	<i>USF = NSF + 25% circulation within the dept/agency suite</i>	
	Prospective positions			
	Year 1 (next 12 months)	0	Total Spaces for Current Personnel	0
	Year 2 (12-24 months)	0	<b>% Offices</b>	<b>0%</b>
	<b>Current &amp; Prospective Positions</b>	<b>0</b>		

BU Name 1:	Enter the quantity of Personnel Positions:					Comments:
Space Type	Approx. area (NSF) per space*	Current Full-time	Current Part-time or Field Staff	Prospective, Budgeted Year 1	Prospective, Budgeted Year 2	Total Current Positions (Note secondary office space needs for senior management, field staff, etc.)
Executive Office	250					0
Large Office	180					0
Medium Office	150					0
Standard Office	120					0
Small Office	100					0
Executive Cubicle	80					0
Large Cubicle	64					0
Medium Cubicle	48					0
Standard Cubicle	36					0
Bench (Open Interior Workstation)	30					0
<b>BU Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 USF</b>

BU Name 2:	Enter the quantity of Personnel Positions:					Comments:
Space Type	Approx. area (NSF) per space*	Current Full-time	Current Part-time or Field Staff	Prospective, Budgeted Year 1	Prospective, Budgeted Year 2	Total Current Positions (Note secondary office space needs for senior management, field staff, etc.)
Executive Office	250					0
Large Office	180					0
Medium Office	150					0
Standard Office	120					0
Small Office	100					0
Executive Cubicle	80					0
Large Cubicle	64					0
Medium Cubicle	48					0
Standard Cubicle	36					0
Bench (Open Interior Workstation)	30					0
<b>BU Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 USF</b>

BU Name 3:	Enter the quantity of Personnel Positions:					Comments:
Space Type	Approx. area (NSF) per space*	Current Full-time	Current Part-time or Field Staff	Prospective, Budgeted Year 1	Prospective, Budgeted Year 2	Total Current Positions (Note secondary office space needs for senior management, field staff, etc.)
Executive Office	250					0
Large Office	180					0
Medium Office	150					0
Standard Office	120					0
Small Office	100					0
Executive Cubicle	80					0
Large Cubicle	64					0
Medium Cubicle	48					0
Standard Cubicle	36					0
Bench (Open Interior Workstation)	30					0
<b>BU Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0 USF</b>

BU Name 4:	Enter the quantity of Personnel Positions:					Comments:
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Space Type	Approx. area (NSF) per space*	Current Full-time	Current Part-time or Field Staff	Prospective, Budgeted Year 1	Prospective, Budgeted Year 2	Total Current Positions	(Note secondary office space needs for senior management, field staff, etc.)
Executive Office	250					0	
Large Office	180					0	
Medium Office	150					0	
Standard Office	120					0	
Small Office	100					0	
Executive Cubicle	80					0	
Large Cubicle	64					0	
Medium Cubicle	48					0	
Standard Cubicle	36					0	
Bench (Open Interior Workstation)	30					0	
<b>BU Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>USF</b>

BU Name 5:

*Enter the quantity of Personnel Positions:*

*Comments:*

Space Type	Approx. area (NSF) per space*	Current Full-time	Current Part-time or Field Staff	Prospective, Budgeted Year 1	Prospective, Budgeted Year 2	Total Current Positions	(Note secondary office space needs for senior management, field staff, etc.)
Executive Office	250					0	
Large Office	180					0	
Medium Office	150					0	
Standard Office	120					0	
Small Office	100					0	
Executive Cubicle	80					0	
Large Cubicle	64					0	
Medium Cubicle	48					0	
Standard Cubicle	36					0	
Bench (Open Interior Workstation)	30					0	
<b>BU Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>USF</b>

BU Name 6:

*Enter the quantity of Personnel Positions:*

*Comments:*

Space Type	Approx. area (NSF) per space*	Current Full-time	Current Part-time or Field Staff	Prospective, Budgeted Year 1	Prospective, Budgeted Year 2	Total Current Positions	(Note secondary office space needs for senior management, field staff, etc.)
Executive Office	250					0	
Large Office	180					0	
Medium Office	150					0	
Standard Office	120					0	
Small Office	100					0	
Executive Cubicle	80					0	
Large Cubicle	64					0	
Medium Cubicle	48					0	
Standard Cubicle	36					0	
Bench (Open Interior Workstation)	30					0	
<b>BU Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>USF</b>

BU Name 7:

*Enter the quantity of Personnel Positions:*

*Comments:*

Space Type	Approx. area (NSF) per space*	Current Full-time	Current Part-time or Field Staff	Prospective, Budgeted Year 1	Prospective, Budgeted Year 2	Total Current Positions	(Note secondary office space needs for senior management, field staff, etc.)
Executive Office	250					0	
Large Office	180					0	
Medium Office	150					0	
Standard Office	120					0	
Small Office	100					0	
Executive Cubicle	80					0	
Large Cubicle	64					0	
Medium Cubicle	48					0	
Standard Cubicle	36					0	
Bench (Open Interior Workstation)	30					0	
<b>BU Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>USF</b>

Copy and insert more BUs above this line as needed

<b>TOTAL - Current</b>							
Space Type	Approx. area (NSF) per space*	Current Full-time	Current Part-time or Field Staff	Total Current Positions	Total Spaces**	Subtotal (NSF)	
Executive Office	250	0	0	0	0	0	

Large Office	180	0	0	0	0	0
Medium Office	150	0	0	0	0	0
Standard Office	120	0	0	0	0	0
Small Office	100	0	0	0	0	0
Executive Cubicle	80	0	0	0	0	0
Large Cubicle	64	0	0	0	0	0
Medium Cubicle	48	0	0	0	0	0
Standard Cubicle	36	0	0	0	0	0
Bench (Open Interior Workstation)	30	0	0	0	0	0
<b>BU Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total USF</b>					<b>0</b>	<b>0</b>
Total Enclosed Interior Office Spaces					0	
Total Open Interior Work Station Spaces					0	

Space Type	Approx. area (NSF) per space*	Year 1 (next 12 months)		Year 2 (12-24 months)		TOTAL Prospective
		Qty Personnel	Subtotal (NSF)	Qty Personnel	Subtotal (NSF)	Qty Personnel
Executive Office	250	0	0	0	0	0
Large Office	180	0	0	0	0	0
Medium Office	150	0	0	0	0	0
Standard Office	120	0	0	0	0	0
Small Office	100	0	0	0	0	0
Executive Cubicle	80	0	0	0	0	0
Large Cubicle	64	0	0	0	0	0
Medium Cubicle	48	0	0	0	0	0
Standard Cubicle	36	0	0	0	0	0
Bench (Open Interior Workstation)	30	0	0	0	0	0
<b>BU Total</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total USF</b>		<b>0</b>	<b>0</b>		<b>0</b>	<b>0</b>
Total Enclosed Interior Office Spaces		0		0		0
Total Open Interior Work Station Spaces		0		0		0

\* Maximum size indicated if the Space Standards allows for a range in size.

\*\* Total Spaces Needed: Assumes seat sharing for Part Time positions of 2 people per 1 seat unless noted otherwise.

**Central Management Services**  
**Bureau of Property Management/Real Estate**  
**SPACE REQUEST FORM - LEASED**  
 Space Worksheet

**5. COMMON OFFICE SPACE**

Summary **Total Area (Common Office Space): USF**

<b>Meeting Space</b>					
Space Type	Area (NSF) per space*	Seats or # of Staff	Requested Qty	Subtotal (NSF)	Comments
<b>Huddle/Collaboration Space</b>					
Small	64	4	<input type="text"/>	0	<input type="text"/>
Medium	100	6-8	<input type="text"/>	0	<input type="text"/>
Large	165	10-14	<input type="text"/>	0	<input type="text"/>
<b>Subtotal</b>			<b>0</b>	<b>0</b>	<b>USF</b>
<b>Conference Rooms</b>					
Small	165	6-8	<input type="text"/>	0	<input type="text"/>
Medium	273	12-14	<input type="text"/>	0	<input type="text"/>
Large	750	20+	<input type="text"/>	0	<input type="text"/>
<b>Subtotal</b>			<b>0</b>	<b>0</b>	<b>USF</b>
<b>Total Meeting Space</b>			<b>0</b>	<b>0</b>	<b>USF</b>

<b>Other Standard Spaces</b>					
Space Type	Area (NSF) per space*	Seats or # of Staff	Requested Qty	Subtotal (NSF)	Comments
<b>Breakrooms &amp; Kitchenettes</b>					
Mini	64	2	<input type="text"/>	0	<input type="text"/>
Small	150	8	<input type="text"/>	0	<input type="text"/>
Medium	250	16	<input type="text"/>	0	<input type="text"/>
Large	378	24	<input type="text"/>	0	<input type="text"/>
<b>Subtotal</b>			<b>0</b>	<b>0</b>	<b>USF</b>
<b>Reception</b>					
Small	120	0	<input type="text"/>	0	<input type="text"/>
Medium	160	4-6	<input type="text"/>	0	<input type="text"/>
Large	250	8-12	<input type="text"/>	0	<input type="text"/>
<b>Subtotal</b>			<b>0</b>	<b>0</b>	<b>USF</b>
<b>Storage Rooms</b>					
Small	125		<input type="text"/>	0	<input type="text"/>
Medium	250		<input type="text"/>	0	<input type="text"/>
Large	425		<input type="text"/>	0	<input type="text"/>
<b>Subtotal</b>			<b>0</b>	<b>0</b>	<b>USF</b>
<b>Total Other Standard Spaces</b>			<b>0</b>	<b>0</b>	<b>USF</b>

<b>Specialty Space Requests</b>					
<small>Additional spaces may include but are not limited to: server room, copy/mail room, library, supply room, record storage room Specify the area (square footage) and the requested quantity. Indicate seats or # staff where applicable.</small>					
Space Type	Area (NSF) per space	Seats or # of Staff	Requested Qty	Subtotal (NSF)	Comments
File room	200		<input type="text"/>	0	<input type="text"/>
Server room	150		<input type="text"/>	0	<input type="text"/>
Computer room	150		<input type="text"/>	0	<input type="text"/>
Hearing room	350		<input type="text"/>	0	<input type="text"/>
Touchdown desk (explain need)	30		<input type="text"/>	0	<input type="text"/>
Touchdown office (explain need)	120		<input type="text"/>	0	<input type="text"/>
Other			<input type="text"/>	0	<input type="text"/>
			<input type="text"/>	0	<input type="text"/>
			<input type="text"/>	0	<input type="text"/>
			<input type="text"/>	0	<input type="text"/>
			<input type="text"/>	0	<input type="text"/>
			<input type="text"/>	0	<input type="text"/>
			<input type="text"/>	0	<input type="text"/>
			<input type="text"/>	0	<input type="text"/>
			<input type="text"/>	0	<input type="text"/>
			<input type="text"/>	0	<input type="text"/>
<b>Subtotal</b>			<b>0</b>	<b>0</b>	<b>USF</b>

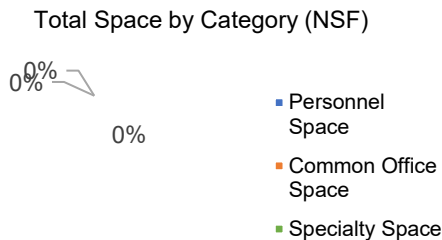
\*Meeting, reception, and storage spaces are the maximum size if a range is provided in the standards

# Central Management Services Bureau of Property Management/Real Estate SPACE REQUEST FORM - LEASED Space Worksheet

## 6. SUMMARY OF SPACE NEEDS (PERSONNEL & COMMON OFFICE)

### RSF Total Space Required (Current Personnel & Common Space)

	Current	Year 1 (next 12 months)	Year 2 (12-24 months)	Total
USF	0	0	0	0
<b>RSF</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

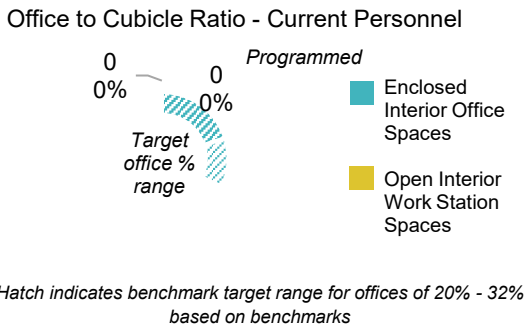


USF = NSF + 33% for circulation within the dept/agency suite (circulation equals 25% of USF)

RSF = USF + 20% load factor for building circulation and building support space

### 0 Total Personnel (Current Headcount)

	Current	Year 1 (next 12 months)	Year 2 (12-24 months)	Total
Full-time	0	0	0	<b>0</b>
PT / Field	0	NA	NA	<b>0</b>
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
RSF/person	0	NA	NA	0



### Personnel Space Totals

	Space Type	Total Count	Subtotal (NSF)	Subtotal (USF)
Current	Enclosed Interior Office Spaces	0	0	
	Open Interior Work Station Spaces	0	0	
	<b>Personnel Space</b>	<b>0</b>	<b>0</b>	<b>USF</b>
Year 1	Enclosed Interior Office Spaces	0	0	
	Open Interior Work Station Spaces	0	0	
	<b>Personnel Space</b>	<b>0</b>	<b>0</b>	<b>USF</b>
Year 2	Enclosed Interior Office Spaces	0	0	
	Open Interior Work Station Spaces	0	0	
	<b>Personnel Space</b>	<b>0</b>	<b>0</b>	<b>USF</b>

### Common Office Space Totals

Space Type	Total Count	Subtotal (NSF)	Subtotal (USF)
Huddle/Collaboration Space	0	0	
Conference Rooms	0	0	
Breakrooms & Kitchenettes	0	0	
Reception	0	0	
Storage Rooms	0	0	
<b>Common Office Space</b>	<b>0</b>	<b>0</b>	<b>USF</b>

**Specialty Space Requests Summary**

Space Type	Total Count	Subtotal (NSF)	Subtotal (USF)
File room	0	0	
Server room	0	0	
Computer room	0	0	
Hearing room	0	0	
Touchdown desk (explain need)	0	0	
Touchdown office (explain need)	0	0	
Other	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
0	0	0	
<b>Specialty Space</b>	<b>0</b>	<b>0</b>	<b>USF</b>

*Only displays first 15 spaces. See Worksheet if greater than 15.*

**Central Management Services  
Bureau of Property Management/Real Estate  
SPACE REQUEST FORM - LEASED  
Checklists**

**7. CHECKLISTS**

**Workstation Checklist**

- Will the Using Agency dismantle and re-install existing systems furniture under separate contract at new location? (Y or N)   
 Comments:
- Does existing systems furniture contain a pre-wired raceway requiring only a feed to each panel configuration? (Y or N)   
 Comments:
- Are power poles acceptable as a means to feed systems furniture? (Y or N)   
 Comments:
- Is there a preference for feeds from wall locations or floor locations? (Y or N)   
 Comments:
- Does existing systems furniture require hardwiring to meet local municipal building codes? (Y or N)   
 Comments:
- Will new systems furniture be incorporated in the procurement of the Lease for a turnkey project? (Y or N)   
 Comments:
- Will new systems furniture be purchased off State Contract by the Using Agency? (Y or N)   
 Comments:

**Building Checklist**

- Will the Agency re-use any existing equipment [e.g. automatic door openers, keyless entry systems, etc.]? (Y or N)   
 Comments:
- Are there spaces requiring special HVAC, flooring, fire suppression [e.g. servers, laboratories, etc.]? (Y or N)   
 Comments:
- Is there a need for special construction [ e.g. loading dock, haz-mat storage, high-density filing, etc.]? (Y or N)   
 Comments:
- Are there special non-personnel security issues [e.g. limited access areas, confidential files, etc.]? (Y or N)   
 Comments:
- Are there unique signage requirements? (Y or N)   
 Comments:

**Technology Checklist**

- What are your server room requirements for the Using Agency [e.g. size, temperature, connectivity, etc.]? (Y or N)   
 Comments:

**Central Management Services**  
**Bureau of Property Management/Real Estate**  
**SPACE REQUEST FORM - LEASED**  
Checklists

Does the Using Agency require any specialty technology systems [ e.g. videoconferencing, cable, etc.]?

(Y or N)

Comments:

**Central Management Services**  
**Bureau of Property Management/Real Estate**  
**SPACE REQUEST FORM - LEASED**  
Parking Checklist

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**8. PARKING CHECKLIST**

**Site Requirement Checklist**

How many parking spaces are required to for State Vehicles?

Requested

**Justification:**

How many parking spaces are required to meet the needs of the Using Agency's clients?

**Justification:**

How many handicap accessible spaces are required for the Using Agency's employees and clients?

**Justification:**

Total On-Site Parking Spaces

Justification must be provided in accordance with CMS Property Management Operations policy on Parking at State Facilities. Policy No. 02.01.00 or request will be denied



**Central Management Services**  
**Bureau of Property Management/Real Estate**  
**SPACE REQUEST FORM - LEASED**  
Americans With Disabilities Act (ADA) Supplement

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**9. AMERICANS WITH DISABILITIES ACT (ADA) SUPPLEMENT**

Describe any reasonable accommodation requirements needed under the requested lease action:

**ACCOMMODATION**

Identify Section 504 coordinators, agency individuals, or other designated employees responsible for accessibility issues under Title II of ADA.

NAME:

TITLE:

ADDRESS:

PHONE:

FAX:

EMAIL:


Provide narrative summary of known needs or existing deficiencies pertaining to accessibility issues

**Central Management Services**  
**Bureau of Property Management/Real Estate**  
**SPACE REQUEST FORM - LEASED**  
 Utility Information

**10. UTILITY INFORMATION (To be filled out internally by CMS)**

LEASE NO:

LOCATION:

Please provide the following information on current lease location:

**Gas/Oil**

Annual Costs	<input type="text"/>
Name and Address of Utility Company	<input type="text"/>
Account Number(s) Meter Number(s)	<input type="text"/>
Method of Payment**	<input type="text"/>

**Electric**

Annual Costs	<input type="text"/>
Name and Address of Utility Company	<input type="text"/>
Account Number(s) Meter Number(s)	<input type="text"/>
Method of Payment**	<input type="text"/>

**Water/Sewer**

Annual Costs	<input type="text"/>
Name and Address of Utility Company	<input type="text"/>
Account Number(s) Meter Number(s)	<input type="text"/>
Method of Payment**	<input type="text"/>

\*\*Please identify if utilities are paid by Lessee, prorated, and reimbursed to the Lessor.

**10a. ADDITIONAL CONTRACTUAL SERVICES:**

For Lease Renegotiations ONLY, indicate any other services that are acquired through separate contracts for the premises.  
 (For Non-Consolidated Agencies, indicate past costs for all service contracts on a separate sheet.)

<input type="checkbox"/> Exterminating Service	<input type="checkbox"/> Fire Extinguisher Maintenance	<input type="checkbox"/> Maintenance of Lawn and Shrubs
<input type="checkbox"/> Elevator Service	<input type="checkbox"/> Additional Electrical Service Outside Business Hours	<input type="checkbox"/> Snow and Ice Removal
<input type="checkbox"/> Waste Disposal/Removal	<input type="checkbox"/> Security Guard Service	<input type="checkbox"/> Alarm Monitoring
<input type="checkbox"/> Mat/Towel Service	<input type="checkbox"/> Light Bulb Replacement	<input type="checkbox"/> Alarm Maintenance
<input type="checkbox"/> Window Washing Service	<input type="checkbox"/> Carpet Cleaning	<input type="checkbox"/> Air Filter Cleaning/Replacemen
<input type="checkbox"/> Janitorial		

**Central Management Services  
Bureau of Property Management/Real Estate  
SPACE REQUEST FORM - LEASED  
SIGNATURES**

**11. COMMENTS/JUSTIFICATION**

What beneficial effects upon agency programs, employees, and clientele are associated with the requested action? For renegotiation of leases, detailed justification must be provided. This information will be reviewed by Department of Central Management Services to determine if renegotiation is in the best interest of the State. If required information is not provided, the Space Request will be returned for further action.

Please be specific in identifying the following potential disruptions in agency programs and / or other programmatic effects:

Associated with approval of the requested action:

Associated with the denial of the requested action:

Please identify any cost savings / cost avoidance associated with the requested action. Itemize all indirect costs associated with this request, such as moving, communications relocation (telecom and datacom) and any other miscellaneous costs which would be associated with additional space, relocation, or the savings related to renewing existing lease.

**Programmatic Objective:** Describe how this request will help meet the objective of your agency and the State

**Economic Justification:** Provide a three to five bullet point summary

**History/ Background:**

\* If additional space is being requested, please include a separate letter of justification.

**12. COMMENTS/JUSTIFICATION (Continued)**

**Central Management Services  
Bureau of Property Management/Real Estate  
SPACE REQUEST FORM - LEASED  
SIGNATURES**

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**What changes to programs, services, or activities could potentially impact your future space needs at this location?**

1. Do you expect any major staff increase or decrease at this location within the next 12 months?  
Yes \_\_\_ No \_\_\_ If Yes \_\_\_ Increase \_\_\_ Decrease \_\_\_ Approx # \_\_\_\_\_
2. Does this location meet the programmatic needs of your Agency? Yes \_\_\_ No \_\_\_
3. Do you have any need for major tenant improvement? Yes \_\_\_ No \_\_\_

If Yes, what are they.

4. Are there any other factors that should be brought to the attention of CMS Bureau of Property Management prior to entering lease negotiations  
Yes \_\_\_ No \_\_\_

If Yes, what are they.

**For requesting agency use only:**

The requested space is **NECESSARY** and **FUNDS ARE AVAILABLE**. This Agency has thoroughly reviewed our operational and programmatic needs and they are accurately set forth in this document including projected changes to the Agency's space need at this location. I hereby authorize the Department of Central Management Services to enter into negotiations on behalf of this agency and finalize the needs as set forth in this Space Request. This document serves as a binding commitment of agency funds for any subsequent contract approved by DCMS.

\_\_\_\_\_  
Designated Agency Liaison

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

\_\_\_\_\_  
Director of Requesting Agency

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

\_\_\_\_\_  
CFO of Requesting Agency

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

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