 GBA SPACE UTILIZATION QUESTIONNAIRE

Please use tab key to advance through fields.

1. *AGENCY INFORMATION*

 Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency / Division Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. *OFFICE INFORMATION*
2. Please attach a CURRENT ORGANIZATIONAL CHART including STAFF BY POSITION for Office.
3. Briefly summarize the overall FUNCTION of the Office.

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

1. Number of current employees: Full Time: Male \_\_\_\_\_\_ Female \_\_\_\_\_\_ Total \_\_\_\_\_\_

 Part Time: Male \_\_\_\_\_\_ Female \_\_\_\_\_\_ Total \_\_\_\_\_\_

1. Number of projected employees: Full Time: Male \_\_\_\_\_\_ Female \_\_\_\_\_\_ Total \_\_\_\_\_\_

 Part Time: Male \_\_\_\_\_\_ Female \_\_\_\_\_\_ Total \_\_\_\_\_\_

1. Are there employees with special needs (i.e., ADA, etc.) in the Office? If so, please describe the

 special needs requirements to be addressed:

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

1. *STAFF SPACE REQUIREMENTS*

Please review the attached SPC Space Standards which 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**  |       |       |

1. This section describes the contiguous work relationships or adjacencies within your office. Using

the legend below, indicate only the functions where contiguous work relationships are a critical factor.

 Priority Reason

 A. Important to be close 1. Extensive face-to-face contact

 B. No importance 2. Shared tasks/projects

1. C. Must be separated 3. Shared files/equipment (specify)

 4. Other (specify)

|  |  |  |
| --- | --- | --- |
| Group with | Group | Priority/Reason |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. Shared Work Areas (i.e. hoteling)

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.

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

1. Shared Equipment

|  |  |  |
| --- | --- | --- |
| Equipment |  Total Number | Space Requirements |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

List any shared special equipment (i.e., servers, copiers, printers, facsimile, etc.). Please indicate the

space requirements (counter/floor) for proper equipment operation.

1. *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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Filing or Storage | Size W x D | Quantity | Location | Secured Cabinet | Secured Enclosed Room |
| 48” lateral  |  48” x 18” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |
| 36” lateral  |  36” x 18” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |
| Letter Vertical |  15” x 29” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |
| Legal Vertical |  18” x 29” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |
| Card files | \_\_\_” x\_\_\_” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_” x\_\_\_” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_” x\_\_\_” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |

1. *ANCILLARY/SUPPORT AREAS*
2. RECEPTION / WAITING AREA - Is a reception / waiting area required by your Office?

Yes [ ]  No [ ]  Number of guests? \_\_\_\_\_\_. Indicate any special requirements:

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

1. Describe the frequency and volume of PUBLIC CONTACT with your Office. Describe your

public access (i.e. services, meetings / training, vehicle parking needs, etc.):

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

1. CONFERENCE / MEETING ROOMS - Is a conference / meeting room required by your Office?

Yes [ ]  No [ ]  What is the expected occupancy (participants)? \_\_\_\_\_\_\_. [ ]  Tables / Chairs [ ]  Chairs

1. TRAINING ROOM - Is a training room required by your Office? Yes [ ]  No [ ]

What is the expected occupancy (participants)? \_\_\_\_\_\_.

1. Can the Conference / Meeting Room and Training Room be combined? Yes [ ]  No [ ]
2. KITCHEN / BREAK AREA - Is a kitchen / break area required by your Office? Yes [ ]  No [ ]

What is the expected occupancy (individuals)? \_\_\_\_\_\_.

1. Special Purpose Room - List all requirements (i.e. storage, drug/paternity testing area, lactation room, etc.).

Please specify the use or purpose of the room, size, any equipment needs, security issues, etc.

|  |  |  |
| --- | --- | --- |
| Room/Area | Size | Use |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. *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. Back-Up Power  | [ ]  |
| 6. Raised Floor  | [ ]  |
| 7. Sound Proofing | [ ]  |

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



Space Standards

|  |
| --- |
| **OFFICE SPACE STANDARDS** |
| **Title / Function** | **Type** | **Allocated SF** |
| 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 (8 x 8) |
| Professional Staff, Administrative, Tech | Workstation | 49 (7x7) |
| Hoteling / Call Center | Workstation | 20 (5x4) |

|  |
| --- |
| **CONFERENCE SPACE STANDARDS** |
| **Type** | **Number of****Occupants** | **Square****Footage** | **Typical Tech Equipment** |
| HUDDLE ROOM | 1 – 3 | 100 | Speaker phone |
| SMALL CONFERENCEROOM | 6 – 8 | 275 | Speaker phone; flat screen or overhead projector with screen; data connectivity at table; |
| MEDIUMCONFERENCE ROOMOrPROJECT / TEAMROOM | 10 – 12 | 350 | Speaker phone; flat screen or overhead projector with screen; data connectivity at table; option of video conferencing |
| LARGE CONFERENCEROOMMulti-Purpose Roomwith configurable tables | 14 – 16 | 500 | Speaker phone; flat screen or overhead projector with screen; data connectivity at table; option of video conferencing and distributed speakers |
| TRAINING / SEMINAR ROOMMulti-Purpose Room(s) | 24 – 32 | 1,000 | Speaker phone; flat screen or overhead projector with screen; data connectivity at table; option of video conferencing, distributed speakers and multiple screens and projectors and distributed power access and speakers. |
| 41 – 60 | 2,000 |