

# **GBA SPACE UTILIZATION QUESTIONNAIRE**

Please use tab key to advance through fields.

### A. AGENCY INFORMATION

Agency Name:	
Agency Contact Name:	
Telephone Number:	
Agency / Division Contact Nan	ne:
Telephone Number:	

#### B. OFFICE INFORMATION

- I. Please attach a CURRENT ORGANIZATIONAL CHART including STAFF BY POSITION for Office.
- II. Briefly summarize the overall FUNCTION of the Office.

III.	Number of current employees:	Full Time: Part Time:	Male Male	Female Female	Total Total
IV.	Number of projected employees:	Full Time: Part Time:	Male Male	Female Female	Total Total

V. Are there employees with special needs (i.e., ADA, etc.) in the Office? If so, please describe the special needs requirements to be addressed:

# C. 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			

I. 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 <u>critical</u> factor.

Priority_		<u>Reason</u>
A. Important to be close		1. Extensive face-to-face contact
B. No importance		<ol><li>Shared tasks/projects</li></ol>
C. Must be separated		3. Shared files/equipment (specify)
		4. Other (specify)
One was with	0	

Group with	Group	Priority/Reason
1		-
2.		
3.		
4.		

#### II. Shared Work Areas (i.e. hoteling)

Include the total number of office desks, equipment stations and tables typically shared by employees. This does <u>not</u> include individually assigned offices or work stations.

#### III. Shared Equipment

List any <u>shared</u> special equipment (i.e., servers, copiers, printers, facsimile, etc.). Please indicate the space requirements (counter/floor) for proper equipment operation.

<u>Equipment</u>	Total Number	Space Requirements

# D. 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 <u>not</u> 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 <u>not</u> list units in individual offices or work stations.

Type of Filing or Storage	<u>Size W x D</u>	<u>Quantity</u>	Location	<u>Secured</u> <u>Cabinet</u>	<u>Secured</u> Enclosed <u>Room</u>
48" lateral	48" x 18"				
36" lateral	36" x 18"				
Letter Vertical	15" x 29"				
Legal Vertical	18" x 29"				
Card files	" X"				
Other:	<u> </u>				
Other:	" X"				

# E. ANCILLARY/SUPPORT AREAS

I. <u>RECEPTION / WAITING AREA</u> - Is a reception / waiting area required by your Office? Yes No Number of guests? \_\_\_\_\_. Indicate any special requirements: II. Describe the frequency and volume of PUBLIC CONTACT with your 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 Office? Yes No What is the expected occupancy (participants)? Tables / Chairs Chairs				
IV.	<ol> <li><u>TRAINING ROOM</u> - Is a training room required by your Office? Yes No</li> <li>What is the expected occupancy (participants)?</li> </ol>				
V.	Can the Conference / Meeting Room a	and Training Room be con	nbined? Yes 🗌 No 🗌		
VI.	. <u>KITCHEN / BREAK AREA</u> - Is a kitchen / break area required by your Office? Yes No What is the expected occupancy (individuals)?				
VII.	<ol> <li>Special Purpose Room - List all requirements (i.e. storage, drug/paternity testing area, lactation room, etc.).</li> <li>Please specify the use or purpose of the room, size, any equipment needs, security issues, etc.</li> </ol>				
	Room/Area Size Use				

#### F. SPECIAL CONDITIONS

Does your Division / Office require any <u>special</u> 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	Туре	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**

Туре	Number of Occupants	Square Footage	Typical Tech Equipment	
HUDDLE ROOM	1 – 3	100	Speaker phone	
SMALL CONFERENCE ROOM	6 – 8	275	Speaker phone; flat screen or overhead projector with screen; data connectivity at table;	
MEDIUM CONFERENCE ROOM Or PROJECT / TEAM ROOM	10 – 12	350	Speaker phone; flat screen or overhead projector with screen; data connectivity at table; option of video conferencing	
LARGE CONFERENCE ROOM Multi-Purpose Room with 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	24 – 32	1,000	Speaker phone; flat screen or overhead projector with screen; data connectivity at table; option of video conferencing,	
ROOM Multi-Purpose Room(s)	41 – 60	2,000	distributed speakers and multiple screens and projectors and distributed power access and speakers.	