

SPACE REQUISITION QUESTIONNAIRE

[Authority: S.C.Code Ann. §§ 1-11-55 & 56]

The South Carolina Budget and Control Board is required to ensure that funds authorized and appropriated for rent are used in the most efficient manner. Part of this responsibility includes assessing and evaluating the needs of the agencies of the State and the establishment of standards for the quality and quantity of leased space.

The purpose of this questionnaire is to gather as much information as possible at the beginning of the space planning and property acquisition process, including lease renewals, and help agencies establish their space requirements and facility needs. It will also serve as a guide in determining space requirements for new space, altering/reconfiguring and/or adding to existing space.

If you have any questions or desire assistance in completing any portion of this form, please contact the Division of General Services, Real Property Services.

1. Agency – Contact Information:

- (a) Agency/Division/Commission Name _____
- (b) Current Address _____
- (c) Name of Agency Representative/Contact¹ _____
- (d) Telephone _____ Facsimile _____
- (e) Email Address _____

2. Utilization Information:

Briefly summarize how the space will be utilized by your agency.

3. Personnel Information:

- (a) How many FTEs will be at the location? _____ Temporary Employees? _____
- (b) How many Males? _____ Females? _____
- (c) How many private offices are required? _____

(Please fully explain the need for any employee below pay band 7 for which a private office is requested.)

- (d) How many cubicles must be accommodated? _____ Size? _____
- (e) How many conference rooms are required? _____
- (f) Kitchen/Coffee Break area for _____ persons at one time.

¹ This should be the same person identified as the “Acquisition Officer” on page three.

4. Property Information:

Current Premises

- (a) How long is the term of your current lease? _____ It expires _____
- (b) Do you have any renewal options? _____ Date by which option must be exercised? _____
- (c) What is the square footage of your current space for which replacement or lease renewal is sought (exclude all facilities/areas not exclusive to your use)? _____
- (d) What is the square footage for which you are currently charged rent (rentable square footage)? _____ What is your current monthly rent? \$ _____²
- (e) Has your agency paid for fixtures or improvements to your current facilities which cannot be removed if you move and for which you have no agreement to receive compensation? If so, please itemize the improvements, the date of the improvements and the cost and current value of the same on a separate sheet of paper.
- (f) Please attach a copy (if available) of the most recent floor plan of your current premises.
- (g) How many private offices do you currently occupy? _____ Cubicles? _____
- (h) How many conference rooms are available for your exclusive use? _____
- (i) Have you discussed renewal of your current lease with anyone? If so, on a separate sheet of paper, please describe those discussions and any results.
- (j) If you stay at your current location, are there any repairs, changes, additions or improvements which you require? Please explain those requirements on a separate sheet of paper.
- (k) What were your costs and expenses in moving to your current facility? \$ _____
Do you have an estimate of what it will cost to move elsewhere (excluding mileage)? \$ _____
- (l) In addition to loss of production/work time, do you envisage any special or unusual problems if you are required to relocate your current facilities elsewhere? If yes, please fully explain on a separate sheet of paper.

Required Premises

- (m) How much usable square footage do you need? _____ (Attach Office Space Calculator)
- (n) Where should your facility be located and why? _____

- (o) What are your requirements for Internet access, telephone access (VOIP versus digital) and utilities (or special requirements not customarily provided)? _____
- (p) Do you require any special or unusual signage outside the premises? If so, please describe the signage and the need. _____
- (q) Do you require monitored or special security for all or part of your facility which you require a landlord provide? If so, please describe. _____

² On a separate sheet of paper, please list the actual cost of all utilities, maintenance, security and other charges for which payment is made on a monthly or annual basis relating to the facilities you currently occupy unless these charges are included in your monthly rent.

- (r) Do you have any special or unusual lighting requirements? _____
- (s) Do you require a separate computer room, file room or any other special room for which you have special requirements (temperature, humidity, flooring, etc.)? If so, please describe your requirements on a separate sheet of paper.
- (t) Please set forth your parking requirements: State vehicles _____; Employee vehicles _____; Visitors and Guests _____; Special Use or additional handicapped _____ Total parking spaces required are _____ of which _____ should be reserved spaces.
- (u) How many persons should your reception area accommodate? _____ Indicate any special requirements _____
- (v) What lease term are you seeking? _____ years
What is the maximum lease term you will accept? _____ years
- (w) What is the maximum amount you can pay for lease space by the square foot (gross³)? \$ _____
What is your target amount that you expect to pay? \$ _____
- (x) What is your source of funds? State _____% Federal _____% Other⁴ _____%
- (y) It is expected that you require 24/7/365 access to your facility. Do you have any special requirements with regard to HVAC for other than ordinary office hours M-F? If so, please explain your requirements on a separate sheet of paper.
- (z) Do you have a proposed floor plan, drawing, sketch or other document which can provide guidance regarding any desired physical layout (floor plan) of your facilities? _____ If so, please attach.
- (aa) Do you prefer to be co-located or kept a particular distance from any other facilities or agencies? If so, please advise of the same.

- (bb) Does your agency prefer to provide and pay for outside a lease agreement any particular equipment, furnishings or services (ex. security system, cubicles, custodial services)? If so, please indicate the same.

- (cc) Please indicate on a separate sheet any special requirements of your agency such as physical security, uninterruptible power, back-up power, special lighting, special HVAC, special fire protection, special vault requirements, heavy floor loading or others.⁵

³ Please include all maintenance and operating expenses including utilities.

⁴ If a percentage is indicated for "Other," please describe the source on a separate sheet of paper.

⁵ It is expected that you are requesting a gross lease. If you do not want a gross lease (which includes all maintenance and operating expenses), please state the services for which you want to be separately responsible.

Warehouse Information

- (a) What purpose will the warehouse space be utilized for: (storage, work/training facility, etc.) _____

- (b) If storage:
What type of equipment/items will be stored? _____

How long do you anticipate needing to store the equipment/items? _____
- (c) Does the space require a climate controlled environment? _____
- (d) What are ceiling height requirements? _____
- (e) Do you require loading docks? _____ If yes, how many? _____
- (f) How many bays are required? _____
- (g) Will a forklift be utilized? _____
- (h) Can items be stacked on racks? _____
- (i) Are racks currently utilized? _____
- (j) Does the agency own racks? _____ If not and items can be stacked, would agency prefer to purchase racks or have Landlord purchase and install? _____

5. Responsibility:

- (a) Please identify the person(s) with the authority to make decisions for your agency with respect to the function or duty described.
- (b) Acquisition Officer (Person who will convey agency decisions; who will be the contact person with the Real Property Services; and, who is responsible for ensuring agency compliance with applicable procedures): _____ Email Address: _____
- (c) Signature Authority (Persons who may contractually bind the agency — this is the Agency Director unless delegated): _____
- (d) Email Address: _____

OFFICE SPACE CALCULATOR

Space Type	FTE ¹	FEET ²	x	FEET ²	x	Qty ³	=	Total Sq Ft
Secretary/Commissioner/Ex. Dir.	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Assistant Director	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Professional	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Supervisor	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Large Cubicle	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Medium Cubicle	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Small Cubicle	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Conference Room - Large	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Conference Room - Medium	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Conference Room - Small	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Reception - Large	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Reception - Small	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Copy Area/Room	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Files	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Mailroom	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Break Room	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Storage	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Computer	<input type="text"/>	<input type="text"/>	x	<input type="text"/>	x	<input type="text"/>	=	<input type="text"/>
Other (Specify on separate paper)								

Subtotal

Paid Parking: Reserved Not Reserved

¹ Full time employees in the position.

² Measurements of the space – wall to wall (usable).

³ Number of offices of similar/same size (this number will equal the number of full time employees in the position unless space is shared).

CERTIFICATION OF AGENCY DIRECTOR

I, _____, am the chief executive officer of the identified governmental entity requesting that the South Carolina Budget and Control Board, pursuant to its statutory authority under the *S.C. Code Ann. § 1-11-56*, conduct its investigation of rental space to meet the requirements of the agency. Further, this is to certify that agency personnel involved or with knowledge of the property acquisition will be instructed as follows:

1. All proposals, offers, contacts or discussions about negotiations or proposals may not be discussed with anyone who is not an employee of the agency and who does not have a need to know of the same. All such matters are confidential.
2. Under no circumstances will this agency or governmental body contact or negotiate terms of a lease with any real estate agency, broker, builder, current landlord, owner or representative in reference to space needs or terms without the prior written consent of the Division of General Services. S.C. Reg. R. 19-447.1000(A)(1)(f).
3. Once a lease is approved by the Division of General Services, any changes to plans, terms or specifications must have the prior written approval of the Division and any unauthorized changes may subject the responsible party to personal monetary liability.
4. It is understood that although certain identified space or facilities may be requested, the Division of General Services will make the final determination with regard to the location and allocation of space and that relocation may be necessary if financially warranted.

I further certify that to the best of my knowledge no agency personnel have discussed with anyone, including brokers, owners or agents and our current landlord, any anticipated or expected real property needs of the agency which are not public knowledge within the six months prior to the date of the signing of this certification **except** as written hereon and initialed by me.

As the chief executive officer of the governmental body as defined by the *S.C. Code Ann. § 1-11-55* and in accordance with the subsection 3 thereof, I hereby certify to the accuracy of the information provided herein and request that the South Carolina Budget and Control Board act to supply space which will meet the requirements to which I attest as necessary.

Agency Director/Chief Executive Officer

Date: _____