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|---|---|---|
| <b>OFFICE SPACE REQUEST</b><br><br>(DAS Form 125601)  | Date: _____   | <b>THIS REQUEST FOR:</b><br><input type="checkbox"/> Current Budgeted FTE <input type="checkbox"/> Growth FTE<br><input type="checkbox"/> Office Space _____ Rentable Sq. Ft. (D3)<br><input type="checkbox"/> Other Space _____ Rentable Sq. Ft.<br><input type="checkbox"/> Requires ADA Compliance |
| <b>TO:</b> Department of Administrative Services<br>Facilities Division-Real Property Services<br>1225 SE Ferry Street U100<br>Salem, Oregon 97301-4281   | <b>FROM:</b> (Requesting Agency/Division and Address)   |   |
| <b>LOCATION REQUIRED:</b> (Closest City)  | <b>TENANT:</b> (Agency, Branch, etc.)   |   |
| <b>CURRENT SPACE OCCUPIED BY TENANT:</b> (Address)  |   |   |
| <b>TYPE OF SPACE REQUESTED:</b><br><input type="checkbox"/> State-Owned <input type="checkbox"/> Leased<br><input type="checkbox"/> Build-to-suit <input type="checkbox"/> Purchase   | <b>REQUESTING AGENCY CONTACT PERSON:</b><br>Name: _____<br><br>Phone: _____   |   |
| <b>TERM REQUESTED:</b> (years/months)   | <b>PARKING SPACE REQUIRED:</b> State Vehicles _____<br><br>Client Parking _____ *Staff Parking _____<br><small>*See Policy 125-6-115 on parking limitation.</small> |   |
| <b>ESTIMATED COSTS:</b><br>Total Sq Ft _____ (See D3 calculation on back of form)<br><br>Monthly Base Rent        \$ _____        Furniture Acquisition                      \$ _____<br>Other Monthly Costs        \$ _____        Moving Cost/Telephones, Other Costs        \$ _____<br><br>TOTAL COST/MONTH        \$ _____        TOTAL ONE-TIME COSTS                      \$ _____       |   |   |
| <b>REQUESTING AGENCY CERTIFICATION:</b> Funds are available to cover the estimated costs of the proposed office facility, as listed above, for the current biennium. Future funding will be sought to continue the lease and rental agreement for the proposed term. We understand that we will be billed, and hereby agree to pay a fee for Real Property Services, for the life of the lease. |   |   |
| <b>SIGNATURE:</b> (AGENCY HEAD) _____   |   | <b>DATE:</b> _____  |
| <b>Typed/Printed Name and Title of Agency Head:</b> _____   |   |   |
| <b>DATE REQUEST RECEIVED AT DAS:</b> _____  | <b>DAS CONTROL NUMBER:</b> _____  |   |
| <b>DAS ACTION RECOMMENDED:</b><br><input type="checkbox"/> Assign State-Owned Space <input type="checkbox"/> Assign DAS-Leased Space <input type="checkbox"/> Commence Leasing Action<br><input type="checkbox"/> Other as follows: _____   |   |   |
| <b>Leasing Agent Assigned:</b> _____  | <b>Leasing Agent Review of Agency Request—</b><br><b>Initials &amp; Date:</b> _____   |   |
| <b>Authorized by DAS:</b> (Signature) _____   |   | <b>DATE:</b> _____  |

| <b>OFFICE SPACE WORKSHEET</b><br>(See DAS Policy Manual 125-6-100)<br>Office Location: |   | <b>SQUARE FOOTAGE ALLOWANCES</b><br>(*may be enclosed office) |                     | <b>SQUARE FEET REQUESTED</b> | <b>FOR DAS USE</b> |
|--|---|---|---------------------|------------------------------|--------------------|
| <b>SECTION A: WORKSTATION SPACE</b>  |   | <b>SYSTEM</b>   | <b>CONVENTIONAL</b> | <b>#FTE</b>                  |                    |
| A1   | Director  | 160   | 280*                |                              |                    |
| A2   | Deputy Director   | 144   | 210*                |                              |                    |
| A3   | Administrator   | 120   | 180*                |                              |                    |
| A4   | Manager   | 96  | 150*                |                              |                    |
| A5   | Staff Attorney  | 96  | 120*                |                              |                    |
| A6   | Supervisor / Professional / Technical                                 | 64  | 100                 |                              |                    |
| A7   | Caseworker  | 64  | 100                 |                              |                    |
| A8   | Support Staff   | 48 or 64  | 80                  |                              |                    |
| A9   | Field Worker / Data Entry   | 36 or 64  | 50                  |                              |                    |
| A10  | Non-Standard Workstation  | Describe and attach justification                             |                     |                              |                    |
| <b>A11</b>   | <b>TOTAL WORKSTATION AREA</b> (Add requested Sq. Ft. A1 through A10)  |   |                     |                              |                    |
| <b>A12</b>   | <b>CIRCULATION SPACE</b>  | <b>A11 X 45%</b>  | <b>A11 X 30%</b>    |                              |                    |
| <b>SECTION B: SUPPORT SPACE</b>  |   |   |                     |                              |                    |
| B1   | Conference Room   | 50 sq. ft. + 15 sq. ft. per person                            |                     |                              |                    |
| B2   | Waiting Area  | 50 sq. ft. + 10 sq. ft. per person                            |                     |                              |                    |
| B3   | Mail / Work Room  | Depends upon equipment size & FTE                             |                     |                              |                    |
| B4   | Copier  | 50 sq. ft.  |                     |                              |                    |
| B5   | Printer or FAX  | 25 sq. ft. total  |                     |                              |                    |
| B6   | Centralized Filing Systems  | 9 sq. ft. per file cabinet or as needed                       |                     |                              |                    |
| B7   | Storage Area  | General office supplies                                       |                     |                              |                    |
| B8   | Client Interview Room   | 50 sq. ft. + 15 sq. ft. per occupant                          |                     |                              |                    |
| B9   | Coffee Bar  | 10 sq. ft. per 50 FTE   |                     |                              |                    |
| B10  | Recycle Area  | 2 barrels per floor min., 4 sq. ft. per barrel                |                     |                              |                    |
| B11  | Library   | Depends on materials stored                                   |                     |                              |                    |
| B12  | Break Room / Lunch Room   | Divide staff FTE by 4, times 15 sq. ft. + 100                 |                     |                              |                    |
| B13  | Other:  | Describe and attach justification                             |                     |                              |                    |
| <b>B14</b>   | <b>TOTAL SUPPORT SPACE</b> (Add requested Sq. Ft. B1 through B13)     |   |                     |                              |                    |
| <b>B15</b>   | <b>CIRCULATION SPACE</b>  | <b>B14 X 30%</b>  |                     |                              |                    |
| <b>SECTION C: SPECIAL PROGRAM SPACE</b>  |   |   |                     |                              |                    |
| C1   | Training Room   | Requires justification  |                     |                              |                    |
| C2   | Hearing Room  | Requires justification  |                     |                              |                    |
| C3   | Computer Room   | Depends on equipment size                                     |                     |                              |                    |
| C4   | Bulk Storage Area   | Depends on materials stored. Describe.                        |                     |                              |                    |
| C5   | Other Special Program Area  | Describe and attach justification                             |                     |                              |                    |
| <b>C6</b>  | <b>TOTAL SPECIAL PROGRAM SPACE</b> (Add requested Sq. Ft. C1 thru C5) |   |                     |                              |                    |
| <b>C7</b>  | <b>CIRCULATION SPACE</b>  | <b>C6 X 30%</b>   |                     |                              |                    |
| <b>SECTION D: SQUARE FEET REQUESTED</b>  |   |   |                     |                              |                    |
| <b>D1</b>  | <b>TOTAL USEABLE Sq. Ft.</b>  | <b>A11+A12+B14+B15+C6+C7</b>                                  |                     |                              |                    |
| <b>D2</b>  | <b>ESTIMATED SQ. FT. FOR BUILDING COMMON AREAS (15% of D1)</b>        |   |                     |                              |                    |
| <b>D3</b>  | <b>ESTIMATED TOTAL RENTABLE AREA (D1+D2)</b> (enter on front of form) |   |                     |                              |                    |
| <b>D4</b>  | <b>TOTAL RENTABLE SQ. FT. PER FTE</b>                                 | (Divide Total Rentable Sq. Ft. by #FTE)                       |                     |                              |                    |