

REQUEST FOR SPACE ALLOCATION

AGENCY INFORMATION

DATE OF REQUEST	TYPE OF REQUEST <input type="checkbox"/> NEW ALLOCATION <input type="checkbox"/> REVISED ALLOCATION	SFP # BRE FILE #
CURRENT SQUARE FOOTAGE OCCUPIED PLEASE PROVIDE DRAWING OF CURRENT FLOOR PLAN	LAST APPROVED SQUARE FOOTAGE	
DEPARTMENT/AGENCY	BUREAU/DIVISION/PROGRAM OFFICE	
CONTACT NAME (PRIMARY AGENCY LIAISON)	CONTACT NAME (PROGRAM OFFICE LIAISON)	
PHONE	PHONE	
EMAIL	EMAIL	

CURRENT LOCATION

STREET ADDRESS	SUITE/FLOOR	CITY	COUNTY
PURPOSE <input type="checkbox"/> GENERAL OFFICE <input type="checkbox"/> WAREHOUSE <input type="checkbox"/> PSP STATION <input type="checkbox"/> AIRCRAFT HANGER <input type="checkbox"/> LABORATORY <input type="checkbox"/> STATE HEALTH CENTER <input type="checkbox"/> OTHER; EXPLAIN _____			
ACTION REQUESTED <input type="checkbox"/> OBTAIN NEW SPACE <input type="checkbox"/> RELOCATE <input type="checkbox"/> EXPAND EXISTING SPACE <input type="checkbox"/> CONSOLIDATE EXISTING SPACE <input type="checkbox"/> CO-LOCATE <input type="checkbox"/> REDUCTION OF EXISTING SPACE			
JUSTIFICATION <input type="checkbox"/> NEW AGENCY PROGRAM <input type="checkbox"/> NEW LOCATION <input type="checkbox"/> CO-LOCATION/CONSOLIDATION OPPORTUNITIES <input type="checkbox"/> GROWTH NEEDS <input type="checkbox"/> OTHER; EXPLAIN _____			
TYPE OF SPACE <input type="checkbox"/> LEASED LEASE # _____ <input type="checkbox"/> MASTER LEASE IDENTIFY BUILDING _____ <input type="checkbox"/> COMMONWEALTH OWNED IDENTIFY BUILDING _____			
CORE FUNCTION		HOURS OF OPERATION	

ADJACENCY CONCERNS/PREFERENCES LOCATING NEAR ANY COMMONWEALTH OR NON-COMMONWEALTH ENTITIES

(ex. unable to locate near a daycare center or school)

☐ YES ☐ NO

EXPLAIN

SECURITY/ACCESS CONTROL REQUIREMENTS	<input type="checkbox"/> YES; EXPLAIN _____
	<input type="checkbox"/> NO

COMPLEMENT

AGENCY PERSONNEL (See MD 260.1) (Provide Organizational Chart)			SQ FT	# of FULL-TIME	# of VACANT	Link for Specs	FOR BRE ONLY
EXECUTIVE I (Secretary)			425				
EXECUTIVE II (Deputy Secretary)			255				
SENIOR MANAGER (Bureau Director)			225				
MID MANAGER / PRIVATE OFFICE (Division Chief)			150				
SUPERVISOR / TECHNICAL			96				
ANALYST / ADMINISTRATIVE OFFICER			64				
CLERICAL			48				
FIELD STAFF (only if in office >65% of the week)			48				
HOMEBASE/TELEWORK							
HOTELING/DROP IN							
Current authorized complement (Should match approved Governor's Budget Office complement)							
TOTAL							
SEASONAL, PART-TIME, AND TEMPORARY PERSONNEL	FT/PT	TERM	SQ FT	# of filled positions	# of vacant positions	Link for Specs	FOR BRE ONLY
CONTRACTOR							
ANNUITANT							
TEMPORARY							
TOTAL							

When do the related contract terms expire?

How many days/hours per week are they required to work on-site?

EMPLOYMENT PROJECTIONS

New program initiatives. Explain:

Complement projection changes. Explain (ex. pending legislation):

MEETING SPACES

Specific requirements (to be completed for EACH requested space)

TYPE OF MEETING SPACE	Seating Type	Req. Technology AV	Frequency of use	Maximum number of participants	Current Size (SF)	Shared Space?	Link for Specs	FOR BRE ONLY
MEETING SPACE TOTAL								

SUPPORT SPACES

Specific requirements (to be completed for EACH requested space)

TYPE OF SUPPORT SPACE	COMMENTS	Current Size (SF)	Shared Space?	Link for Specs	FOR BRE ONLY
SUPPORT SPACE TOTAL					

SPECIALTY SPACES

	Current Size (SF)	Shared Space?	Link for Specs	FOR BRE ONLY
CLIENT RESTROOMS				
WAREHOUSE				
GARAGE				
LABORATORY				
HEALTH CENTER				
LOCKER ROOMS/SHOWER				
LOADING DOCK				
OTHER; Explain				
OTHER; Explain				
SPECIALTY SPACE TOTAL				

FILING/STORAGE AND EQUIPMENT SPACES					
TYPE OF FILING/STORAGE AND EQUIPMENT	Current Quantity	Desired Quantity	Shared?	Link for Specs	FOR BRE ONLY
VERTICAL FILES (Other than located in file room)					
LATERAL FILES (Other than located in file room)					
STORAGE CABINETS					
OTHER FILES (High Density, Plan Files, Map Files, etc.)					
TABLES					
COPIERS/PRINTERS					
BOOKCASES					
STAND ALONE COMPUTER TERMINAL					
OTHER; Explain					
FILING/STORAGE TOTAL					
ACCOMMODATIONS NOT CAPTURED ON THIS FORM					
SHARED EQUIPMENT TOTAL					
SUBTOTAL (Add total from Complement, Meeting Spaces, Support Spaces, Specialty Spaces, Filing/Storage and Equipment Spaces)					
ALLOWANCE FOR ACCESS AND CIRCULATION (35% OF SUB TOTAL)					
GRAND TOTAL					
ADDITIONAL 15% FOR ACCESS AND CIRCULATION					
GRAND TOTAL + 15%					
APPROVED RANGE					
BRE APPROVAL SIGNATURE					

This form shall be prepared by the requesting agency and submitted for approval to the Department of General Services, Bureau of Real Estate – Space Management Division by emailing: RA-BRESPACEMGMT@PA.GOV