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

The South Carolina Department of Administration (Admin) 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 Facilities Management and Property Services – Real Property Services.

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| 1. **Agency – Contact Information:**
 |
| 1. Agency/Division/Commission Name:
 |       |
| 1. Current Address:
 |       |
| 1. Name of Agency Representative/Contact[[1]](#footnote-1):
 |       |
| 1. Telephone:
 |       | Facsimile: |       |
| 1. Email Address:
 |       |
| 1. **Utilization Information:**
 |
| Briefly summarize how the space will be utilized by your agency. |
|       |
| 1. **Personnel Information:**
 |
| 1. How many FTEs will be at the location?
 |       | Temporary Employees? |       |
| 1. How many Males?
 |       | Females? |       |
| 1. 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.) |
| 1. How many cubicles must be accommodated?
 |       | Size? |       |
| 1. How many conference rooms are required?
 |       |
| 1. Kitchen/Coffee Break area for
 |       | persons at one time. |
| 1. **Property Information:**
 |
| **Current Premises** |
| 1. How long is the term of your current lease?
 |       | It expires |       |
| 1. Do you have any renewal options?
 |       | Date by which option must be exercised? |       |
| 1. 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)?
 |
|       |
| 1. What is the square footage for which you are currently charged rent (rentable square footage)?
 |
|       | What is your current monthly rent? | $ |      [[2]](#footnote-2) |
| 1. 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.
 |
| 1. Please attach a copy (if available) of the most recent floor plan of your current premises.
 |
| 1. How many private offices do you currently occupy?
 |       | Cubicles? |       |
| 1. How many conference rooms are available for your exclusive use?
 |       |
| 1. 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.
 |
| 1. 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.
 |
| 1. 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)? | $ |       |
| 1. 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** |
| 1. How much usable square footage do you need?
 |       | (Attach Office Space Calculator Analysis Worksheet) |
| 1. Where should your facility be located and why?
 |
|       |
| 1. What are your requirements for Internet access, telephone access (VOIP versus digital) and utilities (or special requirements not customarily provided)?
 |
|       |
| 1. Do you require any special or unusual signage outside the premises? If so, please describe the signage and the need.
 |
|       |
| 1. Do you require monitored or special security for all or part of your facility which you require a landlord provide? If so, please describe.
 |
|       |
| 1. Do you have any special or unusual lighting requirements?
 |       |
| 1. 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.
 |
| 1. 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. |
| 1. How many persons should your reception area accommodate?
 |       |
| Indicate any special requirements |
|       |
| 1. What lease term are you seeking?
 |       | years |
| What is the maximum lease term you will accept? |       | years |
| 1. What is the maximum amount you can pay for lease space by the square foot (gross[[3]](#footnote-3))?
 | $ |       |
| What is your target amount that you expect to pay? | $ |       |
| 1. What is your source of funds? State
 |       | % | Federal |       | % | Other[[4]](#footnote-4) |       | % |
| 1. 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.
 |
| 1. 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. |
| 1. 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. |
|       |
|       |
|       |
| 1. Does your agency prefer to provide and pay for outside a lease agreement any particular equipment, furnishings or services (ex. security system, cubicles and custodial services)? If so, please indicate the same.
 |
|       |
|       |
|       |
| 1. 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]](#footnote-5)
 |
| **Warehouse Information** |
| 1. What purpose will the warehouse space be utilized for: (storage, work/training facility, etc.)
 |
|       |
| 1. If storage: What type of equipment/items will be stored?
 |
|       |
| How long do you anticipate needing to store the equipment/items? |       |
| 1. Does the space require a climate controlled environment?
 |       |
| 1. What are ceiling height requirements?
 |       |
| 1. Do you require loading docks?
 |       | If yes, how many? |       |
| 1. How many bays are required?
 |       |
| 1. Will a forklift be utilized?
 |       |
| 1. Can items be stacked on racks?
 |       |
| 1. Are racks currently utilized?
 |       |
| 1. Does the agency own racks?
 |       |
| If not and items can be stacked, would agency prefer to purchase racks or have Landlord purchase and install? |
|       |
| 1. **Responsibility**
 |
| 1. Please identify the person(s) with the authority to make decisions for your agency with respect to the function or duty described.
 |
| 1. 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: |       |
| 1. Signature Authority (Persons who may contractually bind the agency –– this is the Agency Director unless delegated):
 |
|       |
| 1. Email Address:
 |       |

**CERTIFICATION OF AGENCY DIRECTOR**

I,      , am the chief executive officer of the identified governmental entity requesting that the South Carolina Department of Administration (Admin), 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 Facilities Management and Property Services. S.C. Reg. R. 19-447.1000(A)(1)(f).
3. Once a lease is approved by the Division of Facilities Management and Property Services, any changes to plans, terms or specifications must have the prior written approval of Admin 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 Facilities Management and Property 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 Admin act to supply space which will meet the requirements to which I attest as necessary.**

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|  |
| **Agency Director/Chief Executive Officer** |
|  |
|  |
| **Date:** |  |

1. This should be the same person identified as the “Acquisition Officer” under Responsibility. [↑](#footnote-ref-1)
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. [↑](#footnote-ref-2)
3. Please include all maintenance and operating expenses including utilities. [↑](#footnote-ref-3)
4. If a percentage is indicated for “Other,” please describe the source on a separate sheet of paper. [↑](#footnote-ref-4)
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. [↑](#footnote-ref-5)