**FACILITIES REQUEST**

***(To Be Used If Additional Or New Leased Space Is Being Requested)***

**Please fill out and return to the Division of Public Works State Leasing Manager. Attach additional information on separate sheets if needed. If you have any questions, please contact the Statewide Leasing Manager at (208) 332-1929. Thank you!**

Agency Name: Agency Name

Address of Current Facility: Address

Current FTE in this facility: Current FTE, Projected FTE: Projected FTE, FTE for FY20: FY20 FTE

Current SQ FT: Current SQ FT, Lease Expiration Date: LEASE EXPIRY, Federal Subsidy on Rent (%): %

Proposed Occupancy Date:

Completed By:

Phone:

Date:

Reason For Request (Additional staff, present facilities inadequate, lease expiration, new programs added, etc.):

Alternative Considered Before Requesting New Space, and Reasons for Rejection:

Will The Proposed Facility Replace Another Facility?  YES  NO, If yes, which facility?

Estimated Moving Costs:

Was This Facility Presented in 5-Yr Facility Plan?  YES  NO, Was it approved?  YES  NO

**SPECIALIZED FACILITY NEEDS:** 24-hr Security Heavy Floor Load Limits Fireproofing

Secured Evidence Rooms Play Area Exhaust/Venting Systems

Secured Parking (# of spaces:     ) Operating Hours Beyond 8am to 5pm Lab Area

Other (Describe:      )

**FACILITY USE:** Briefly describe use of facility, including number of visitors at peak operating hours, number of departments and functions, programs to be housed in facility:

**CO-LOCATION:** Would it be beneficial to be co-located with other agencies? YES NO

Please list agencies:

Would it be detrimental to be co-located with other agencies? YES NO

Please list agencies:

**LOCATION DESIRED:** Briefly describe locational requirements, if any; such as proximity to highway or bus lines, visibility, proximity to the Capitol Mall (Boise) area, proximity to certain non-profit agencies, etc.):

Would any uses adjacent to your facility be objectionable: YES NO

If yes, please list:

Additional Comments/Concerns: