**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: