

FACILITIES QUESTIONNAIRE

Please fill out one sheet for each location and return it to the Division of Public Works. Attach additional sheets if needed. If you have any questions, please call the Statewide Leasing Manager at 332-1929. Thank you!

AGENCY NAME: _____
 ADDRESS OF CURRENT FACILITY: _____
 # OF CURRENT FTE IN THIS FACILITY: _____ # OF PROJECTED FTE: _____
 CURRENT SQ FT: _____ FEDERAL SUBSIDY ON RENT (%): _____
 COMPLETED BY: _____ PHONE: _____ DATE: _____

On a scale of 1 to 10, with 10 being the most and 1 being the least please indicate how much you agree with the following statements. If you do not know, please leave the answer blank.

AGENCY INFORMATION

1. It would be beneficial to be co-located w/other agencies. ____ Please list agencies: _____
2. It would be detrimental to be co-located w/certain agencies. ____ Please list agencies: _____
3. This facility will grow by 10% or more in the next 5 yrs. ____ Or, reduce its size by 10% or more in the next 5 yrs. _____
4. We intend to vacate this facility within the next 5 yrs. ____ We plan to move to (area or city) _____
5. We estimate our moving costs will be \$_____ Our budget for rent for FY____ is \$_____
6. Moving to a new facility will be an advantage to our clients _____ to our employees _____
7. If this were my own business I would buy a facility rather than keep on leasing _____

SITE INFORMATION

8. Convenient access for our clients is an essential part of our operation _____
9. Our facility must be close to the highway _____ to a bus stop _____
10. Visibility is very important for our facility _____ Proximity to the Capitol Mall area (Boise area only) is important _____
11. Proximity to other agencies is beneficial to us _____ Please list agencies _____
12. Proximity to certain non-profit agencies would be beneficial to us _____ Please list: _____
13. Some adjacent uses next to our facility would be objectionable _____ Please list: _____
14. Clients should have free parking when they visit our facility _____ Employees should have free or reduced parking _____
15. Our current location is working out well for our agency _____

FACILITY INFORMATION

AMENITY	On a scale of 1 to 10, please rank importance:	Do you currently have the following (Yes or No)
CONFERENCE ROOM		
BREAKROOM FOR STAFF		
HEARING ROOMS		
CUSTOMER SERVICE AREA		
COMPUTER ROOM		
FILE STORAGE		
CLASSROOMS		
LABORATORY		
EQUIPMENT STORAGE		
SHOP		
LIBRARY		
SECURED EVIDENCE ROOMS		
PLAYGROUND		
OTHER:		

16. Private offices are essential for this facility _____ Number: _____
17. The open space concept has worked well for this facility _____
18. 24-hour security is essential for this facility _____
19. This facility needs the following number of parking spaces: *client* _____ *employee* _____ *state vehicles* _____
20. Our landlord is complying with the terms of the lease for this facility ____ We are currently happy with this facility _____
21. **FACILITY COSTS** - We could do the following to reduce facility costs: _____
22. **FACILITY USE** - Briefly describe use of facility, including # of visitors @ peak operating hrs, # depts. & functions:

