



OFFICE SPACE LEASE SPECIFICATIONS QUESTIONNAIRE

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Site Name: _____

Type of Site: New Site
 Relocation
 Existing Site – Is existing site suitable? Yes No – If No, explain: _____

1. Delineated Area: Describe area streets and/or buildings and landmarks. A specific site may be requested if based on programmatic requirements. If so, provide a written explanation of program requirements that restrict the competitive area. If available, attach a map of the local area. _____

If a specific site is requested, provide legal description if available; otherwise, provide a street address: _____

2. Date required: _____

3. Length of lease term desired (maximum of 20 years): _____

4. Minimum square footage required: _____ sqft.

5. Total number of parking spaces required: _____

6. Total number of parking spaces for Government vehicles required: _____

7. Are there plans for expansion, reduction, or alterations during the term of the lease? Yes No
If Yes, please explain: _____

8. Are there above normal security requirements for this site (i.e., special locks or security systems)? Yes No
If Yes, please explain: _____

9. List the hours of operation (e.g., Sun-Sat, Holidays):
Days of the week _____ Time frame (from – to): _____

10. What's the maximum number of employees in any one standard work shift? _____

11. List services to include in the lease agreement, such as utilities, security, maintenance, landscaping, etc.: _____

12. Is daytime cleaning desired? Yes No

13. List services which will be contracted separately:

<u>SERVICE</u>	<u>P.O. NUMBER</u>	<u>ANNUAL COST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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14. Will an uninterruptible power supply (UPS) be provided by the lessor? [] Yes [] No
If Yes, list equipment to be connected to the UPS system: _____

15. Are separate meters necessary for electrical or other utility requirements? [] Yes [] No

16. Do you require a computer equipment room? [] Yes [] No
If Yes, answer the following questions:
A. Approximate size of room: _____ sqft.
B. What live load should the floor support? _____ lbs/sqft.
C. What are the maximum and minimum temperatures required? Max: _____ Min: _____
D. What are the maximum and minimum humidity ranges required? Max: _____ Min: _____
E. Will these environmental conditions be required 24 hours a day? [] Yes [] No
F. Are cable runs to remote terminals required? [] Yes [] No
G. Does this room require a telephone outlet or special telephone line? [] Yes [] No
H. How many people will normally be present in this room? _____

On a separate piece of paper, list each piece of equipment to be located in the computer equipment room. Include operating BTUs of heat output and complete electrical requirements of each item.

17. List any additional special requirements (continue on separate sheet if necessary): _____

18. Please list any comments concerning the current lessor, services provided, and lease terms (continue on separate sheet if necessary): _____

19. If this is a continuing requirement for space already occupied, provide cost estimate for relocating operations. This cost estimate should be itemized (i.e. moving, cabling, etc.): _____

CERTIFICATION OF FUNDS AVAILABLE

I have reviewed the information contained in this request for space in view of the Balanced Budget and Emergency Deficit Control Act of 1985 (Gramm-Rudman-Hollings). I certify that I have considered the impact of the Act and that agency funds are available.

Accounting Information: _____

Typed Name of Agency Certifying Official: _____

Signature of Certifying Official

Date