Instructions for the Facility Plan Form 1

Introduction
The Facility Plan Form 1, which includes the associated Worksheets, provides a tool for the User Agency and DCAMM to collect information needed to acquire leased space, or amend an existing lease. The information in these forms enables DCAMM to understand the User Agency’s plans and prepare a Request for Proposals (RFP), lease amendment or tenancy agreement, or to take other appropriate action. To initiate preparation of these forms, the User Agency and DCAMM will complete a site visit to the User Agency’s existing facility or, if there is no existing facility, the User Agency will discuss the need with DCAMM. The User Agency will then complete the Facility Plan and submit it to DCAMM.

For a New Lease: Each Facility Plan includes the Form 1 completed and signed by the appropriate authorized signatory for the User Agency and Worksheets 1A-1D.

For a Lease Amendment: Each Facility Plan includes the Form 1 completed and signed by the appropriate authorized signatory for the User Agency and Worksheets 1A-1D. For a lease amendment that extends the term of the lease for up to 2 years, where the User Agency does not seek to alter the premises, completion of the Form 1 is generally sufficient.

For a Tenancy Agreement: Each Facility Plan includes the Form 1 completed and signed by the appropriate authorized signatory for the User Agency and Worksheets 1A-1D. For a tenancy agreement for up to one year for existing premises, where the User Agency does not seek to alter the premises, completion of the Form 1 is generally sufficient.

Instructions
At the top of the form, check the appropriate box to identify whether this Facility Plan is for a new lease, lease amendment, or tenancy. For each page to be submitted, fill in the three lines of requested information: USER AGENCY NAME, ESTIMATED SF, NAME OF OFFICE/FACILITY, LOCATION OR SEARCH AREA. Use the TOTAL USABLE AREA calculation from Worksheet 1D for the ESTIMATED SF.

1. SUMMARY OF LEASE
Check the appropriate lease type and enter the date on which the agreement is scheduled to begin, the length of the desired term, and the scheduled end date. Check the appropriate box to indicate whether this Plan achieves a co-location or consolidation of offices.

Proposed Agreement: Check the applicable listed category or check "other" and identify the type of proposed agreement.

Type of Space: Check the primary use of the requested space. See definitions below or check "other" and identify the type of space.

Explain reasons for proposed action.

2. TERMS OF CURRENT AND PROPOSED AGREEMENT
Current Address: Enter the current address of the office or facility for which space is needed.

Expiration Date of Agreement: Enter the date on which any current agreement will expire.

Number of Years in this Location: Identify the number of years that the office or facility has been continuously located at this address.

Comments on Current Premises, Building, and Landlord's Services: Attach a separate page of explanation to provide all appropriate information relating to the User Agency's satisfaction or dissatisfaction with the current premises, building, and services.

Accessibility of Premises and Building under MAAB and ADA: For existing premises, check the appropriate box to identify whether the premises and building are accessible, in accordance with the regulations of the Massachusetts Architectural Access Board (MAAB) and the Americans with Disabilities Act (ADA) including the 2010 ADA Standards for Accessible Design. Attach a separate page of explanation to provide all appropriate information relating to this matter.

Enter the following information about the terms of the current and proposed agreement.

Number of FTE Staff: Number of full-time equivalent staff assigned to / projected for the office or facility.

SF: The usable SF occupied / projected under the agreement. For projected SF, use the TOTAL USABLE AREA from Worksheet 1D.

SF / FTE: Calculate this figure by dividing SF by FTE staff.

Rental Rate: Enter the rate per SF (annual rent divided by the SF). For the proposed agreement, you may wish to discuss the projected annual rent and rental rate with your DCAMM project manager.

Annual Rent: The rent due for the last year of the current agreement and the projected rent for the proposed agreement (the SF multiplied by the Rental Rate).

Other Occupancy Costs: If other occupancy costs are paid or are projected to be paid separately or in addition to the Annual Rent, check the appropriate category and enter the actual amount paid over the last twelve months or the projected amount for twelve months; check "other" for any cost not listed on the form and identify the category of cost.

Total Occupancy Costs / Year: Add the Annual Rent and all Other Occupancy Costs.

Total Occupancy Cost / SF: Divide the Total Occupancy Costs by SF.

3. COST / BUDGET PROJECTIONS
Funding for the Agreement: Enter the amount budgeted / requested for the agreement, identify whether funding is from a state appropriation or other source, and whether funding is included in the budget for the current fiscal year and/or the next fiscal year.

4. APPROVAL
The form should be signed and dated by an authorized User Agency signatory. Below the signature, enter the signatory’s name and title. For Agency Contact, enter the name and telephone number of the person who prepared the form and who may be contacted to discuss the project.

Instructions for Worksheets 1A, 1B, and 1C are in the forms. Worksheet 1D and instructions are in a separate Excel document.
DEFINITIONS: TYPE OF SPACE
Types of Space commonly cited include the following. Identify other categories, if necessary.

**Administrative Office:** Office that administers the operations and functions performed by the User Agency but does not directly provide services.

**Client / Customer Service Office:** Office providing direct services to clients or customers.

**Field Office:** Office responsible for inspections or other field operations.

**Storage:** Space used primarily or exclusively for storage of records, materials, supplies, or equipment.

**Garage:** Space used primarily for the storage, repair, and maintenance of motor vehicles or other movable heavy equipment. This does not include parking as defined below.

**Parking:** Improved land and parking structures used exclusively for parking motor vehicles.

**Other:** Examples of other types of space that may be leased include:
- **Courthouse:** Space used for or directly in support of courtroom proceedings.
- **Education:** Space used primarily for education or training.
- **Residential:** Space used to provide living quarters for individuals, including dormitories, group homes and other residential facilities for individuals, secure residential facilities, and halfway houses.
- **Computer:** Space used for computer equipment and operations requiring special build-out and systems, and for staff whose primary responsibility is operating and maintaining such equipment.
- **Laboratory:** Space used for chemical, biological, or electronic testing or experimentation.
- **Warehouse:** Space used for vertical and horizontal storage of items and materials that typically require special floor loading capacity of 250 pounds per SF live load and ceiling heights of at least 14 feet; the space may require access to a loading dock. Materials are typically stored on pallets or special racking systems.
**FACILITY PLAN**

- New Lease
- Lease Amendment
- Tenancy
- Other

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**For DCAMM Use**
- Project Number:
- Facility Code:
- Project Manager:

**USER AGENCY NAME:**

**NAME OF OFFICE/FACILITY:**

**LOCATION OR SEARCH AREA:**

1. **SUMMARY OF LEASE**

The User Agency named above proposes a [ ] new lease / [ ] lease amendment / [ ] tenancy agreement / [ ] other (check one) beginning (date) for a period of (number of months or years) and ending (date).

- Co-Location: [ ] Yes  [ ] No
- Consolidation: [ ] Yes  [ ] No

**PROPOSED AGREEMENT:**

- [ ] New Lease for New Office or Facility
- [ ] New Lease for Existing Facility
- [ ] Amendment to Extend Lease
- [ ] Amendment for Change in Requirements
- [ ] Tenancy Agreement
- [ ] Other:

**TYPE OF SPACE:**

- Administrative Office
- Client/Customer Service Office
- Field Office
- Storage
- Garage
- Parking

Explain reasons for proposed action (attach a separate page of explanation, if necessary).

2. **TERMS OF CURRENT AND PROPOSED AGREEMENT**

**CURRENT AGREEMENT:**

- Number of FTE Staff:
- SF:
- SF/FTE:
- Rental Rate ($/sf):
- Annual Rent:
- Other Occupancy Costs:
- Electricity:
- HVAC:
- Janitorial:
- Tax/Operating Escalators:
- Other:
- Total Occupancy Costs/Year:

**PROPOSED AGREEMENT:**

- Number of FTE Staff:
- SF:
- SF/FTE:
- Rental Rate ($/sf):
- Annual Rent:
- Other Occupancy Costs:
- Electricity:
- HVAC:
- Janitorial:
- Tax/Operating Escalators:
- Other:
- Total Occupancy Costs/Year:

3. **COST/BUDGET PROJECTIONS**

Funding in User Agency budget for this agreement: $ [ ] State Appropriation  [ ] Other Source

[ ] Current FY  [ ] Next FY

4. **APPROVAL**

**USER AGENCY**

Authorised Signature: ___________________________ Date: __________

Printed Name: ___________________________

Title: ___________________________

Agency Contact: ___________________________

Phone: ___________________________

**DCAMM**

Authorized Signature: ___________________________

Title: ___________________________

Date: __________
WORKSHEET: LOCATION

1A

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For DCAMM Use

Project Number: 
Facility Code: 
Project Manager: 

<table>
<thead>
<tr>
<th>USER AGENCY NAME:</th>
<th>ESTIMATED SF:</th>
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</thead>
<tbody>
<tr>
<td>NAME OF OFFICE/FACILITY:</td>
<td></td>
</tr>
<tr>
<td>LOCATION OR SEARCH AREA:</td>
<td></td>
</tr>
</tbody>
</table>

1. MISSION, FUNCTIONS AND ACTIVITIES

State the mission of the User Agency, describe the functions and activities to be performed at the office or facility, and identify the hours of operation. Identify the number and types of visitors received on a daily or weekly basis.

2. LOCATION

Catchment/Service Area: List the cities and towns included in the catchment or service area of the office. If this is a client-service office, identify the areas or towns with a large number of clients.

Requested Search Area: List the cities and towns that the User Agency recommends be included in the search area for the RFP, and explain how this list was developed.

Other Location Criteria: Describe the means of transportation used by staff, clients, customers, and other visitors to reach the office or facility. Identify any transit line, transit stop, or highway for which the office needs good access. Identify any other User Agency or facility for which the office needs good access and explain why.

3. PARKING

Identify the current and requested number of spaces for reserved, public, and accessible parking. Refer to the definitions below.

<table>
<thead>
<tr>
<th></th>
<th>Reserved</th>
<th>Public</th>
<th>Accessible</th>
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</thead>
<tbody>
<tr>
<td>Current:</td>
<td></td>
<td></td>
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<tr>
<td>Requested:</td>
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</tbody>
</table>

Reserved Parking: Parking spaces rented by the Commonwealth and reserved for the User Agency for authorized vehicles. Reserved parking must accommodate overnight and weekend parking, and have unlimited entry and exit privileges.

Public Parking: Parking spaces readily available for use by the User Agency staff, clients, and visitors at their own cost. This may include on-street parking and spaces in public parking lots or garages.

Accessible Parking for the Disabled: Parking spaces complying with the regulations of the Massachusetts Architectural Access Board (MAAB) and the 2010 ADA Standards for Accessible Design including requirements for van spaces, signage, location, dimensions, striping and maximum slope.
### USER AGENCY NAME:  
### NAME OF OFFICE/FACILITY:  
### LOCATION OR SEARCH AREA:

Provide information on the identified topics to further describe the needs of the office or facility. Provide additional, relevant information on topics not identified below. This information is to supplement and support the information in the Worksheets.

**Personnel:** List the work groups or units in the office or facility and identify work groups or units that should be located next to each other.

**Support Areas:** Describe needs related to active and inactive records storage, supplies and general storage, copy/mail areas, staff support area, and other special purpose areas, giving an estimate of usage or volume (i.e., number of files, volume of incoming and outgoing mail, type and frequency of deliveries, etc.). Identify any special requirements relating to storage of supplies.

**Furniture and Equipment:** Describe the equipment in the office or facility and identify any special demands that will be placed on the building HVAC or electrical systems by equipment. Identify any heavy items or equipment to be accommodated in the office or facility (including large numbers of files or bookshelves concentrated in one area) that may require special floor load capacity, and identify the required floor load. Identify any special requirements relating to storage of equipment. Identify agency plans to purchase furniture and equipment associated with this office or facility.

**Meeting Areas:** Describe the kinds of meetings, hearings, or trainings that are held regularly in the office, the number of people attending, the frequency of these activities, and the duration of typical sessions.

**Entry Areas:** Describe the nature and volume of daily visitor traffic. (For example, how many clients and/or visitors come to the office in a day and how is their arrival distributed during the day? Do visitors sit, stand, or wait in line? Do visitors come into the premises for meetings or are their needs addressed at the entry area?)

**Building Conditions:** Identify building conditions that are required or preferred. Identify issues relating to deliveries (loading dock, dedicated off-street delivery area, freight elevator, e.g.), building common areas, building systems (24-hour cooling, e.g.), floor load capacity, tenant compatibility, preferred location within the building, if any (ground-floor premises for high-traffic client service, e.g.), and any other relevant matters.

**Reasonable Accommodations:** Identify any accommodations for existing employees that need to be accounted for in the premises.
For a new lease, provide information about the Specifications § B of the RFP.

Do the specifications in the form RFP for Landlord’s Services meet the User Agency’s needs?  □ Yes  □ No
Do the specifications in the form RFP for Landlord’s Improvements meet the User Agency’s needs?  □ Yes  □ No

If relevant, for a lease amendment, provide information about requested revisions to the existing Lease and Exhibits.

Provide information about any requested revisions or additions to the specifications. Check all categories listed below and identify additional categories, as necessary. Explain requested revisions and, if applicable, submit technical exhibits that may be included in the RFP or Lease amendment.

<table>
<thead>
<tr>
<th>LANDLORD’S SERVICES</th>
<th>LANDLORD’S IMPROVEMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Hours of Operation</td>
<td>□ Security System</td>
</tr>
<tr>
<td>□ Utilities</td>
<td>□ Client and Customer Activity</td>
</tr>
<tr>
<td>□ Maintenance, Premises, Appurtenant Areas, and Building</td>
<td>□ Oversized or Heavy Equipment</td>
</tr>
<tr>
<td>□ Building Security and Access</td>
<td>□ Storage of Records, Supplies, Books</td>
</tr>
<tr>
<td>□ Janitorial Services</td>
<td>□ MDF and IDF</td>
</tr>
</tbody>
</table>

DESCRIBE NEEDS (attach additional pages, if necessary):