

**C. STANDARD FORMS FOR ACQUISITION OF LEASED SPACE**

**LEASING AND STATE OFFICE PLANNING  
FORMS AND INSTRUCTIONS  
FOR PROCUREMENT OF LEASED SPACE**

Prepared and Issued by:  
Office of Leasing and State Office Planning  
Division of Capital Asset Management and Maintenance

## 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 agreement 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.

Fully explain reasons for proposed action here or on a separate page.

#### **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:** Check the appropriate box and provide all appropriate information relating to the User Agency's satisfaction or dissatisfaction with the current premises, building, and services. Fully explain your answer here or on a separate page.

**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. Fully explain your answer here or on a separate page.

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. If funding is other source, identify the source.

#### **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.



# WORKSHEET: LOCATION

# 1A

DCAMM / Office of Leasing and State Office Planning

617-727-8000 x31800

**For DCAMM Use**

Project Number:

Facility Code:

Project Manager:

<b>USER AGENCY NAME:</b>	<b>ESTIMATED SF:</b>
<b>NAME OF OFFICE/FACILITY:</b>	
<b>LOCATION OR SEARCH AREA:</b>	

**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.

	<u>Reserved</u>	<u>Public</u>	<u>Accessible</u>
Current:			
Requested:			

**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.

# WORKSHEET: PLANNING ISSUES

# 1B

DCAMM / Office of Leasing and State Office Planning

617-727-8000 x31800

**For DCAMM Use**

Project Number:

Facility Code:

Project Manager:

<b>USER AGENCY NAME:</b>	<b>ESTIMATED SF:</b>
<b>NAME OF OFFICE/FACILITY:</b>	
<b>LOCATION OR SEARCH AREA:</b>	

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 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.

# WORKSHEET: SPECIFICATIONS

# 1C

**For DCAMM Use**

Project Number:

Facility Code:

Project Manager:

DCAMM / Office of Leasing and State Office Planning

617-727-8000 x31800

<b>USER AGENCY NAME:</b>	<b>ESTIMATED SF:</b>
<b>NAME OF OFFICE/FACILITY:</b>	
<b>LOCATION OR SEARCH AREA:</b>	

For a new lease or, if applicable, for a lease amendment, 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 you checked No above, check all associated categories listed below for which you are requesting revisions or additions.

**LANDLORD'S SERVICES**

- Hours of Operation
- Utilities
- Maintenance of Premises, Appurtenant Areas, and Building
- Building Security and Access
- Janitorial Services
- Preparation for Occupancy by Tenant
- Initial Indoor Air Quality Testing
- Indoor Air Quality Testing During Lease Term
- Re-Balancing of HVAC System During Lease Term
- Professional Design Services
- As-Built Plans; Cable Documentation
- OTHER

**LANDLORD'S IMPROVEMENTS**

- General Conditions
- Walls
- Doors
- Hardware
- Finishes and Specialties
- Plumbing
- Heating, Ventilation and Air Conditioning (HVAC)
- Electrical
- Assemblies and Architectural Woodwork
- OTHER

Fully explain your response here or on a separate page:

If applicable, submit any technical exhibits that you request to be included in the RFP or Lease amendment.

In reviewing the Specifications, keep in mind client and customer activity, equipment needs, storage requirements, IT requirements, and security.

## Instructions for the Worksheet: Staff Areas Form 1D page 1

When completed, this worksheet provides information to determine the required square footage (SF) for an office or facility. The worksheet is in two parts: Staff Areas and Other Office Areas. Please use the instructions that follow to complete both pages of the worksheet. For large offices or facilities, prepare separate worksheets for each workgroup or unit. To assist DCAMM in understanding this information, please attach an organization chart for the office or facility and a list of all current positions. For additional help, refer to the Leasing Manual or contact your DCAMM project manager.

### Worksheet: Staff Areas

#### **PERSONNEL CATEGORIES**

Use this column to identify your User Agency's job titles for all staff who will work in the office or facility, assigning them to the appropriate personnel categories listed. Refer to the description of the Personnel Categories below.

##### Personnel Categories

**Agency Head:** Secretary, Commissioner, or other Agency Head

**Senior Manager:** Administrator reporting to an Agency Head, head of a small agency, director of a large office within an agency

**Manager:** Deputy Director of a large office or Director of a small office, unit manager, business manager, or personnel manager

**Supervisor:** Supervisory staff

**Professional:** Engineers, planners, social workers, analysts, project coordinators, etc.

**Support Staff:** Administrative support staff, including administrative assistants, receptionists, paralegals, clerks, etc.

**Visiting Resources/Intern:** Workstation for visiting staff, interns, employees who are primarily in the field.

#### **SF ALLOCATION**

This column identifies the DCAMM standards for allocation of space by personnel category.

#### **NUMBER OF STAFF**

In this column, enter the number of full-time equivalent (FTE) staff who hold each agency job title.

#### **TOTAL SF**

In this column, enter the total square feet associated with each agency job title by multiplying the SF Allocation by the Number of Staff. If you are completing this form on computer, the numbers in this column will be calculated.

#### **ROOM / AREA**

Using the Room/Area Codes listed below, enter the appropriate codes for each agency job title. Using the equipment codes on page 2 as appropriate, identify any furniture or equipment planned to be located within the office or workarea.

If a staff person is to sit in a room or area listed in Other Office Areas on page 2 of the worksheet, enter a code of "G" and identify the office area where this person will sit (e.g., a receptionist in the entry area or technical staff in the Main Distribution Frame [MDF] room).

#### **TOTAL STAFF; USABLE AREA, STAFF**

At the bottom of the page, enter the total number of staff (Total Staff) and total SF (Usable Area, Staff). If you are completing this form on computer, these totals will be calculated. If you are completing this form by hand, please calculate and enter this information.

**Next:** Click on "Form 1D Pg 2" tab for WORKSHEET: OTHER OFFICE AREAS.

#### **ROOM / AREA: ADDITIONAL INFORMATION**

F = Office or room with full-height partitions
L = Low-partitioned area or cubicle
P = Panel supplied and installed by Agency
O = Open area without partitions
G = Shared office or room with other support functions
S = Shared office
CPT = Carpet
RSF = Resilient sheet flooring
VP = Door with vision panel
Lock = Door with lock
SL = Door with sidelight

# WORKSHEET: STAFF AREAS

# 1D

<b>For DCAMM Use</b>	
Project No:	_____
Facility Code:	_____
Project Mgr:	_____

DCAMM / Office of Leasing and State Office Planning 617-727-8000 x31800

USER AGENCY NAME:		ESTIMATED SF:		
NAME OF OFFICE/FACILITY:				
LOCATION OF SEARCH AREA:				
PERSONNEL CATEGORIES	SF ALLOCATION	# STAFF	TOTAL SF	ROOM / AREA
AGENCY HEAD	220		0	
			0	
SENIOR MANAGER	150		0	
	150		0	
	150		0	
	150		0	
MANAGER			0	
Office	100		0	
	100		0	
Systems Furniture	80		0	
	80		0	
	80		0	
SUPERVISOR			0	
Systems Furniture	63		0	
	63		0	
	63		0	
	63		0	
	63		0	
	63		0	
	63		0	
	63		0	
PROFESSIONAL			0	
Systems Furniture	42		0	
	42		0	
	42		0	
	42		0	
	42		0	
	42		0	
	42		0	
	42		0	
	42		0	
SUPPORT STAFF			0	
Systems Furniture	42		0	
	42		0	
	42		0	
	42		0	
WORK AREA/VISITING RESOURCES/INTERN			0	
Systems Furniture	36		0	
	30		0	
<b>TOTAL STAFF</b>		<b>0.00</b>		
<b>USABLE AREA, STAFF</b>			<b>0</b>	

## Instructions for the Worksheet: Other Office Areas Form 1D page 2

### ROOM OR AREA

DCAMM has listed the most common Support Areas, Equipment in Open Areas, Meeting Areas, and Entry Areas. If a room or area not listed on the form is required, add it under the appropriate heading.

### DESCRIPTION

Identify any equipment that is to be located within the room or area and add any other description that will assist DCAMM in understanding how the space will function. Use equipment codes listed under "OTHER OFFICE AREAS: EQUIPMENT." Note: do not include equipment (i.e., bookcases, file cabinets, etc.) planned to be located within an office or workstation.

### CALCULATIONS

Columns A and B have been provided in case more than one room or area is required. The calculation codes (U, #, SF) are identified below. For each room or area, fill in the usable area, consulting the OTHER OFFICE AREAS: EQUIPMENT and supplement this information with SF information of your own. (For your convenience, Column A is pre-populated using the SF standards.) Identify the number of such rooms or items of equipment. Multiply the usable area by number of units to identify the square feet needed. If you are completing this form on computer, the SF will be calculated.

#### Calculation Codes:

U = Usable Area

# = Number of support areas, pieces of equipment in open areas, or persons the meeting or entry areas must accommodate.

SF = Square feet

### TOTAL SF

Use this column to add the SF calculations under the columns A and B. If you are completing this form on computer, the Total SF will be calculated.

### ROOM / AREA

Using the Room/Area codes below, enter the appropriate code for each room or area.

### TOTAL USABLE AREA

Total Usable Area is calculated at the bottom of the page. SUBTOTAL OTHER OFFICE AREAS is the sum of the TOTAL SF from the column above. USABLE AREA, STAFF is the subtotal from page one of this worksheet. SUBTOTAL is the sum of these two figures. CIRCULATION is the percentage of this subtotal that is added to account for internal circulation for the office or facility. DCAMM may adjust this percentage during review of the worksheet, after discussion with the User Agency. TOTAL USABLE AREA is the sum of the SUBTOTAL and CIRCULATION square footage. This is the usable area for the office or facility. This number should be inserted in ESTIMATED SF at the top of the Form 1.

#### OTHER OFFICE AREAS: EQUIPMENT

Equipment	Code	SF Standard
Bookcase, 3' wide	B	3 sf / bookcase
Shelving, 3' wide	SH	3 sf / shelf unit
Vertical File	VF	7.5 sf / unit
Lateral File	LF	9 sf / unit
Storage Cabinet	ST	9 sf / unit
Copy Station	C	25 sf
Fax/Printer Station	FP	25 sf

#### ROOM OR AREA: MEETING AND ENTRY AREAS

Interview Room	25 sf / person (up to 4 persons)
Hearing Room	20 sf / person
Classroom Training	20 sf / person
Computer Training	36 sf / person
Conference Room	20 sf / person
Seating Area	10 sf / person
Queuing Area	8 sf / person
Transaction Counter	40 sf / person

#### ROOM / AREA: ADDITIONAL INFORMATION

F = Office or room with full-height partitions  
 L = Low-partitioned area or cubicle  
 P = Panel supplied and installed by Agency  
 O = Open area without partitions  
 G = Shared office or room with other support functions  
 S = Shared office

CPT = Carpet  
 RSF = Resilient sheet flooring  
 VP = Door with vision panel  
 Lock = Door with lock  
 SL = Door with sidelight

# WORKSHEET: OTHER OFFICE AREAS

# 1D

<b>For DCAMM Use</b>	
Project Number:	_____
Facility Code:	_____
Project Manager:	_____

DCAMM / Office of Leasing and State Office Planning 617-727-8000 x 31800

<b>USER AGENCY NAME:</b>		<b>EST SF:</b>								
<b>NAME OF OFFICE/FACILITY:</b>										
<b>LOCATION OR SEARCH AREA:</b>										
<b>ROOM OR AREA</b>	<b>DESCRIPTION</b>	<b>CALCULATIONS</b>						<b>TOTAL SF</b>	<b>ROOM/ AREA</b>	
		<b>A</b>			<b>B</b>					
		<b>U</b>	<b>#</b>	<b>SF</b>	<b>U</b>	<b>#</b>	<b>SF</b>			
<b>SUPPORT AREAS</b>				0			0	0		
Records				0			0	0		
Copy/Mail				0			0	0		
Main Distribution Frame (MDF)				0			0	0		
Intermediate Distribution Frame (IDF)				0			0	0		
Staff Support				0			0	0		
Storage/Supply				0			0	0		
Library				0			0	0		
				0			0	0		
				0			0	0		
				0			0	0		
<b>EQUIPMENT IN OPEN AREAS</b>				0			0	0		
Bookcase (B)		3		0			0	0		
Shelving (SH)		3		0			0	0		
File Cabinet (VF)		7.5		0			0	0		
File Cabinet (LF)		9		0			0	0		
Storage Cabinet (ST)		9		0			0	0		
Copy Station (C)		25		0			0	0		
Fax/Printer Station (FP)		25		0			0	0		
				0			0	0		
				0			0	0		
				0			0	0		
<b>MEETING AREAS</b>				0			0	0		
Interview Room		25		0			0	0		
Hearing Room		20		0			0	0		
Classroom Training		20		0			0	0		
Computer Training		36		0			0	0		
Conference Room		20		0			0	0		
				0			0	0		
				0			0	0		
				0			0	0		
<b>ENTRY AREAS</b>				0			0	0		
Seating		10		0			0	0		
Queuing		8		0			0	0		
Transaction Counter		40		0			0	0		
				0			0	0		
				0			0	0		
				0			0	0		
		SUBTOTAL OTHER OFFICE AREAS:							0	
		SUBTOTAL STAFF AREAS:							0	
		SUBTOTAL:							0	
		CIRCULATION (35%):							0	
<b>SF/FTE:</b>										
<b>TOTAL USABLE AREA:</b>									<b>0</b>	

## Instructions for the Agency Recommendation Form 2

After the Form 2A Proposal Evaluations have been completed jointly by User Agency and DCAMM, complete and submit a Form 2 to DCAMM recommending 1) selection of a specific lease proposal, 2) selection of a proposal to lease public space without advertising, or 3) the rejection of all proposals received.

Fill in the requested information starting with "User Agency Name."

**User Agency Name:** The User Agency submitting the recommendation.

**Requested SF:** The usable area identified in the RFP (or Form 1 if no RFP was issued).

**Name of Office/Facility:** Identify by name the activity to be housed at the premises.

**Search Area:** The Search Area identified in the RFP (or the location or Search Area identified in the Form 1 if no RFP was issued).

### 1. RECOMMENDATION

Check the appropriate box to indicate whether the agency is recommending the selection of a proposal, selection of public space, or rejection of all proposals received. Fill in the proposal number. If the recommendation is to reject all proposals received, attach a letter of explanation including the reasons for the recommendation and proposed next steps.

Check the box to confirm that evidence of statutorily required advertisement in local newspaper(s) was submitted to DCAMM. DCAMM cannot proceed with a selection decision without such evidence of compliance with this statutory requirement.

**Address of Recommended Premises:** Enter the street address and city or town of the recommended premises.

**Name of Proposer:** Enter the name of the proposer of the proposal recommended for selection.

**Name of Landlord:** Enter the name of the Landlord identified in the proposal recommended for selection.

**Type of Agreement:** Check "Lease" or check "Other" and identify the type of agreement.

**Projected Occupancy Date:** Enter the projected occupancy date.

**Term of Agreement:** Enter the Term of the proposed agreement in number of years and/or months.

**Usable Area:** Enter the confirmed usable area (USF) of the recommended premises from the DCAMM Proposal Cost Analysis.

### 2. COST

Refer to the DCAMM Proposal Cost Analysis to complete this section.

**Annual Rent:** Enter the proposed Annual Rent for each year of the lease term of the proposal recommended for selection. If you are completing this form on computer, the Rate/SF column and the Average Annual Rent will be calculated. If you are completing this form by hand, please calculate and enter this information.

**Estimated Excluded Costs:** For each year of the agreement, enter an estimated amount for all costs that are excluded from the proposed rent and that will be paid separately by the User Agency. At the bottom of this column, list all excluded costs.

**Estimated Total Occupancy Cost:** Enter the estimated Annual Cost for each year of the agreement. This is the Annual Rent plus the Estimated Excluded Costs. If you are completing this form on computer, the Annual Cost column, the Cost/SF column and the Average Annual Cost will be calculated. If you are completing this form by hand, please calculate and enter this information.

**Project Manager Signatures:** The project managers for the User Agency and DCAMM sign this form to confirm their agreement with the information contained in the Proposal Evaluations and this Agency Recommendation Form 2.

### 3. APPROVALS

The form should be signed and dated by an authorized User Agency signatory. Enter the signatory's title. Also include any relevant comments in the space identified.

An authorized signatory for DCAMM will sign the form to confirm agreement with the User Agency recommendation.



**For DCAMM Use**

Project No:  
Facility Code:  
Project Mgr:

Office of Leasing & State Office Planning  
617-727-8000 x31800

SUBMIT VIA EMAIL TO  
**LeasingForms.DCamm@state.ma.us**

**USER AGENCY NAME:** \_\_\_\_\_ **REQUESTED SF:** \_\_\_\_\_

**NAME OF OFFICE/FACILITY:** \_\_\_\_\_

**SEARCH AREA:**

**I. RECOMMENDATION**

- Select Lease Proposal      Proposal No.: \_\_\_\_\_     
  Select Public Space for Lease     
  Reject All Proposals  
 (If this box is checked, attach a letter of explanation.)
- Evidence of advertisement in local newspaper(s), if applicable, has been provided

Address of Recommended Premises: \_\_\_\_\_  
\_\_\_\_\_

Name of Proposer: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Type of Agreement:

Projected Occupancy Date: \_\_\_\_\_

Lease

Other: \_\_\_\_\_

Usable Area: \_\_\_\_\_

Term of Lease: \_\_\_\_\_ years \_\_\_\_\_ months

**2. COST**

ANNUAL RENT		
Year	Annual Rent	Rate/SF
1		
2		
3		
4		
5		

ESTIMATED EXCLUDED COSTS	
Year	Excluded Costs
1	
2	
3	
4	
5	

ESTIMATED TOTAL OCCUPANCY COST		
Year	Annual Cost	Cost/SF
1		
2		
3		
4		
5		

Average Annual Rent: \_\_\_\_\_

List All Excluded Costs:

Average Annual Cost: \_\_\_\_\_

Agency Project Manager \_\_\_\_\_

Date \_\_\_\_\_

DCAMM Project Manager \_\_\_\_\_

Date \_\_\_\_\_

**3. APPROVALS**

**USER AGENCY**

**DCAMM**

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

**COMMENTS**

## Instructions for the Transaction Approval Form 3

The Form 3 provides key information about the lease or other rental agreement (agreement) and its financial terms, confirms DCAMM approval of the agreement, and confirms the Date of Occupancy and Commencement of the term. The Comptroller's Office may require agencies to attach a copy of the completed Form 3 when encumbering rent.

At the top left-hand side of the form, check the appropriate box to identify whether the Transaction Approval is for a new lease, lease amendment, tenancy, authorization to pay rent without a written agreement, or other type of agreement.

Fill in the requested information starting with "User Agency Name." If you are filling this in on computer, some information will be calculated for you.

**User Agency Name:** The User Agency submitting the form.

**Name of Office/Facility:** Identify by name the office or the activity to be housed at the premises.

**Address & Zip Code:** The street address, city or town, and zip code of the building as stated in the agreement.

**SF:** The SF of the premises, as stated in the agreement. The form provides for two entries of SF for those agreements that identify two separate areas and, if applicable, space to identify the total SF. If you are completing the form on computer and provide two SF entries, the total SF will be calculated. If you are completing this form by hand and provide two SF entries, please calculate and enter the total SF.

**Staff:** The number of full time equivalent (FTE) staff that will occupy the premises.

**SF/FTE:** This number is computed by dividing the total SF by the number of full-time equivalent staff. If you are completing the form on computer the SF/FTE will be calculated. If you are completing the form by hand, please calculate and enter this information.

**Reserved Parking:** The number of reserved parking spaces as stated in the agreement.

### 1. SUMMARY OF AGREEMENT

Fill in the requested information based on the information in the agreement.

**Term:** Enter the projected or actual begin and end dates for the term of this agreement. Identify the number of years and months in the term. For an amendment that does not modify the term of an existing agreement, the begin date is the date the amendment is expected to commence and the end date is the end date of the existing agreement.

**Landlord:** Check the appropriate box to identify whether the owner of the space is a public or private entity. Enter the name and mailing address of the Landlord as stated in the agreement, the name and telephone number of the contact person, and the Landlord's vendor code number for this ownership entity. If the Landlord's vendor code number is unknown, the User Agency must initiate the process of obtaining a vendor code number for this ownership entity.

**SF:** Enter the total SF of the agreement. If you are completing the form on computer the total SF will be entered automatically. If you are completing the form by hand, please calculate and enter this information.

**Base Rent; Rent Period, Rent:** Identify the projected or actual begin date and end date for each year or rent period of the agreement. Enter rent information for this agreement only. Enter the Annual Rent and Monthly Rent for each year or partial year rent period of the agreement. Enter the Average Rate/SF and Average Annual Rent over the term of the agreement. If you are completing this form on computer, the Rate/SF will be calculated. If you are completing the form by hand, please calculate and enter this information. Attach a separate page, if necessary, to identify the rent over the entire period of the agreement.

**Rental Account(s):** Identify the account number(s) and type of account(s) from which the rent and other identified costs will be paid.

**Costs Not Included in Base Rent:** Identify or estimate the annual dollar amount in Year 1 for occupancy costs that are not included in the Base Rent. This includes costs paid to the Landlord or another party. Use the listed categories as a guide. Place the estimated Year One amounts in the Landlord column if the payments will be made to the Landlord, and in the "Other" column if the payments will be made to someone other than the Landlord (e.g., the utility company). Use "Escalation" for payment of increases in expenses (e.g., taxes or operating expenses) over a base year. Using the space provided, identify the escalation, one-time payment, or other excluded cost. If you are completing this form on computer, the TOTAL for each column will be calculated. If you are completing the form by hand, calculate and enter the TOTAL for each column.

**Estimated Yr. 1 Total Occupancy Cost:** Add the Annual Rent for Year 1 to the TOTAL of all Costs Not Included in Base Rent. If you are completing this form on computer, the Estimated Cost will be calculated. If you are completing the form by hand, please calculate and enter this information.

**Estimated Yr. 1 Cost/SF:** Divide the Estimated Year 1 Total Occupancy Cost by the SF identified above. If you are completing this form on computer, the Cost/SF will be calculated. If you are completing the form by hand, please calculate and enter this information.

### 2. APPROVALS; SUBMISSION OF FORM 3 TO DCAMM

**User Agency:** The form should be signed and dated by an authorized User Agency signatory. Below the signature, enter the signatory's title. For User Agency Contact, enter the name and telephone number of the person who may be contacted to discuss the transaction.

**Submission:** Submit the Form 3 with all counterparts of the signed agreement.

### 3. CONFIRMATION OF DATE OF OCCUPANCY

This section is completed only after the Date of Occupancy, as defined in the agreement, has occurred. This date establishes the date that the obligation to pay rent commences.

If the Date of Occupancy is established and known at the time that the Form 3 is submitted to DCAMM for approval, complete this section, confirm that the Landlord's vendor code number is entered on the form, have the Form signed by the authorized signatory, and submit the Form and all counterparts of the agreement to DCAMM for approval.

If the Date of Occupancy is not established in the agreement, DCAMM will return the Form 3 to the User Agency with the executed agreement. Retain the Form 3 until the commencement of Term (e.g., the Date of Occupancy) has occurred. When the commencement of Term has occurred, complete this section of the Form 3, confirm that the Landlord's vendor code number is entered on the Form, have it signed by the authorized signatory, and submit the form to DCAMM.

To complete this section, enter the actual Commencement Date and Expiration Date of the agreement and calculate the base rent for each fiscal year of the agreement.

DCAMM will confirm that the commencement of Term is correctly identified and the calculation of Base Rent for FY is correct. DCAMM will retain the original, completed Form 3 and return a copy to the User Agency. As noted above, the Comptroller's Office may require agencies to attach a copy of the completed Form 3 when encumbering rent.



# TRANSACTION APPROVAL FORM **3**

- New Lease     Amendment # \_\_\_\_\_  
 Tenancy       Other: \_\_\_\_\_  
 Authorization to Pay Rent Without Written Agreement

<b>For DCAMM Use</b>	
Project Number:	_____
Facility Code:	_____
Project Manager:	_____

Office of Leasing & State Office Planning 617-727-8000 x31800

<b>USER AGENCY NAME:</b>	<b>NAME OF OFFICE/FACILITY:</b>		
<b>ADDRESS:</b>	<b>ZIP CODE:</b>		
<b>SF:</b>	<b>STAFF, FTE:</b>	<b>SF/FTE:</b>	<b>RESERVED PKG:</b>

**1. SUMMARY OF AGREEMENT**

**TERM:** Beginning \_\_\_\_\_ (date) for a period of \_\_\_\_\_ (number of years and months) and ending \_\_\_\_\_ (date).

**LANDLORD**     Public     Private

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Vendor Code # (if known): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone #: \_\_\_\_\_

BASE RENT for This Agreement					
RENT PERIOD			RENT		
Year	Begin Date	End Date	Rate/SF	Annual Rent	Monthly Rent
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Average:					

Estimated Year 1 Cost:	Paid To	
	Landlord	Other
Electricity (Lights & Plugs):	_____	_____
HVAC:	_____	_____
Parking:	_____	_____
Janitorial:	_____	_____
Escalation:	_____	_____
One-time payment:	_____	_____
Other:	_____	_____
<b>TOTAL</b>		
<b>Estimated Yr. 1 Total Occupancy Cost:</b>		
<b>Estimated Yr. 1 Cost/SF:</b>		

RENTAL     State     Federal     Trust Fund # \_\_\_\_\_  
 ACCOUNT(S):     State     Federal     Trust Fund # \_\_\_\_\_

**2. APPROVALS**

**USER AGENCY**    Sufficient funds are included or have been requested in the budget to cover the cost of this agreement.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_  
 User Agency Contact \_\_\_\_\_ Telephone # \_\_\_\_\_

**DCAMM**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_  
 DCAMM Project Manager \_\_\_\_\_ Date \_\_\_\_\_

**3. CONFIRMATION OF DATE OF OCCUPANCY**

USER AGENCY	Date of Agreement	FY	Base Rent for FY	FY	Base Rent for FY	FY	Base Rent for FY
Commencement: _____							
Expiration: _____							

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**DCAMM**

Reviewed By \_\_\_\_\_ Date \_\_\_\_\_

## Instructions for the Termination of Agreement Form 4

The Form 4 provides information about the termination of an agreement and confirms the date the User Agency vacated the Premises in accordance with the terms of the agreement.

Please discuss all proposed early termination of leases or tenancy agreements with your DCAMM Project Manager. Please remember that the Commonwealth, represented by DCAMM, is Tenant under the agreement.

Fill in the requested information starting with "User Agency Name."

### User Agency

The User Agency submitting the form.

### Name of Office/Facility

The specific unit, division, office, or section of the User Agency for which Premises have been leased (e.g., Fitchburg Area Office, Boston Regional Office). If more than one unit is located there, identify all.

### Address

The street address, city or town, and zip code of the building as stated in the lease or other rental agreement.

### SF

The square footage for office or other type of space, as identified in the lease or other rental agreement.

### TERMINATED AGREEMENT

Provide the following information for the terminated or expired agreement:

- Term:** Enter the commencement date and the termination date of the agreement.  
**Type of Agreement:** Check the box associated with the applicable category. If "Other" is checked, identify the type of agreement (e.g., Authorization to Pay Rent without Written Agreement, License).

### NEW LOCATION(S)

Identify the location(s) where the staff for this office have been relocated, and provide the full address of each new location.

- Leased Space:** should be checked when the User Agency now occupies new space under a Commonwealth lease or other rental agreement.  
**State Space:** should be checked when the User Agency now occupies space in a state-owned building.  
**None:** should be checked when the office or facility has been closed.

### NOTIFICATION OF TERMINATION OR EXPIRATION

Enter the date on which the User Agency vacated the Premises, the date on which the User Agency completed a walk-through of the Premises with Landlord's representative, and the date on which the agreement terminated. Under "Comments," please identify the individuals who conducted the walk-through, provide comment on the reason for termination (e.g., Agency relocating under new lease, Agency consolidating its operations at [address]), explain termination if the date is different from the end date of the Term, and provide any other information that may be useful to DCAMM.

### 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, title and telephone number of the person who may be contacted to discuss the project.



# TERMINATION OF AGREEMENT FORM 4

**For DCAMM Use**

Project Number: \_\_\_\_\_

Facility Code: \_\_\_\_\_

Project Manager: \_\_\_\_\_

Office of Leasing and State Office Planning  
617-727-8000 x31800

SUBMIT VIA EMAIL TO  
**LeasingForms.DCAMM@state.ma.us**

<b>USER AGENCY NAME:</b>	<b>SF:</b>
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<b>NAME OF OFFICE/FACILITY:</b>
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<b>ADDRESS:</b>
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**TERMINATED AGREEMENT**

Term

Begin Date: \_\_\_\_\_

End Date: \_\_\_\_\_

Type of Agreement

- Lease
- Short-Term Tenancy Agreement
- Other:

**NEW LOCATION(S)**

- Leased Space
- State Space
- None

Street Address

City/Town

Zip Code

**NOTIFICATION OF TERMINATION OR EXPIRATION**

Date

Date the User Agency vacated Premises under the above-referenced agreement:

Date the User Agency completed a walk-through of the Premises with Landlord's representative:

The agreement terminated effective:

Comments:

**APPROVAL**

**USER AGENCY**

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**DCAMM**

Reviewed by: \_\_\_\_\_

Date: \_\_\_\_\_