



**PUBLIC WORKS / FACILITIES MANAGEMENT DEPARTMENT
SPACE ALLOCATION QUESTIONNAIRE**

Approved by Commissioners Court 10/17/2011

Please answer shaded areas and submit to the Facilities Management Department.

Date

Department

Contact Person Phone #

- Additional Space Request
- Modify/Renovate Existing Space Request

1 Have you identified funds to pay for expenses associated with renovating existing space, adding space, moving expenses, and/or providing additional furniture/equipment? Please explain and specify account:

2 If the need for additional/renovated space is the result of a grant award, does the grant cover expenses to renovate/add space or purchase equipment/furniture? If yes, please provide details of funding. If no, please provide details of approved County funding to accommodate space/equipment needs of grant award:

3 Where is your department currently located? Please specify if you have more than one location:

4 What is your existing space primarily used for? Example: offices, public services, court, storage, archives etc.

5 Please provide a brief explanation of changes that have occurred necessitating additional/renovation space. Example: Additional staffing needs, increased storage/archiving needs, increased number of customers.

6 What have you done so far to accommodate the needs of your department without increasing or renovating existing space? Example: Employees sharing offices, splitting shifts, reconfiguring office layout, removing unnecessary equipment, digitizing records, etc.

7 If the space request is due to increased public service activity, please provide statistical data:



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8 If the space request is due to increased storage/archival or any type of non-staffing needs, please explain:

9 If the space request is due to a new program, service, grant, or other type of initiative, please provide a brief description of how this will impact your space needs:

10 If the space request is due to increased staffing, please answer the following:

No. of Current Employees: No. of NEW Employees
Date NEW positions approved by Comm Court:

11 Please indicate the type and quantity of furniture and equipment you need for the new/renovated space:

Desks	<input type="text"/>	Computers	<input type="text"/>
Credenzas	<input type="text"/>	Printers	<input type="text"/>
Cubicles	<input type="text"/>	Scanners	<input type="text"/>
Chairs	<input type="text"/>	Copiers	<input type="text"/>
Filing Cabinets	<input type="text"/>	Fax Machines	<input type="text"/>
Shelving Units	<input type="text"/>	Phones	<input type="text"/>

12 Please describe any other special requirements needed for the space:

13 Will this new location generate revenue or save money for the County? Please explain:

14 Please describe any other important information that should be taken in to consideration for space allocation:

PUBLIC WORKS SECTION

15	Current Total SF	<input type="text"/>	Options Considered:	<input type="text"/>
	SF/Employee	<input type="text"/>		<input type="text"/>
	Est SF Increase Need	<input type="text"/>		<input type="text"/>
				<input type="text"/>
				<input type="text"/>
				<input type="text"/>