



## SPACE REQUEST State-Owned or Leased Facility

### INSTRUCTIONS FOR COMPLETING A SPACE REQUEST FORM (DOA-8176)

Complete the Space Request form for agency space need or change:

- State-owned space—new or additions

NOTE: Request to partially or fully vacate space in a State Office Building (SOB) REQUIRES filling out and submitting for approval, form: DOA-8178, Vacate Request Within State Office Building (SOB) found on Facilities & Transportation Services webpage, **under Bureau of Real Estate Management - Space Management section**: [DOA Division of Facilities and Transportation Services \(wi.gov\)](http://DOADivisionofFacilitiesandTransportationServices.wi.gov)

- Leased space—new, additions, and reductions

NOTE: Renewal of a lease will be handled through a Correspondence Memorandum - Lease Notification (CM) document sent from the respective DOA Lease Administration staff member to the Agency Lease/Tenant Coordinator in advance of the lease term expiration date. The CM form will also be used for new lease information if it is replacing an expiring lease and not changing leased space square footage.

- Vacant land
- Tower sites, space on towers and/or space in tower buildings
- 'Temporary' or limited use space needs
- Dormitory leases for UW campuses

**Questions/Help to complete the information in the Space Request form: Contact Lease Administration through their shared e-mail box, [DOADFMLEASING@wisconsin.gov](mailto:DOADFMLEASING@wisconsin.gov).**

**IMPORTANT: Complete the Space Request form on your computer. There are formulas built into the form to calculate totals, a dropdown menu, and checkmark boxes to help you complete the form.**

Initially 'save' the form to your computer when starting to fill it out. Form is set up to tab through the 'open' boxes. Fill out each applicable entry box. For all Space Requests, use the DOA Space Allocation Guidelines as outlined in the ["DOA Space Allocation Guidelines, section 5."](#)

Print the completed form and have signed and dated by the Required Agency Representatives (the final two DOA signatures will be handled through DOA Lease Administration). Scan and e-mail the completed and signed form to DOA DFTS Leasing at [DOADFMLEASING@wisconsin.gov](mailto:DOADFMLEASING@wisconsin.gov).

### MAIN HEADER SECTION

1. **Agency Name:** Name of state agency to occupy requested space.
5. **Division and Bureau:** Name of agency's division and bureau to occupy requested space.
6. **Current Lease # (if applicable):** List current lease number (XXX-XXX) if lease continues with requested space request or even if a new lease will be set up based on space request approval.
7. **Current Property Street Address and City (if applicable):** Fill in street address and city of current property, if currently occupied.

8. **Desired Length of Initial Lease Term (# of Years):** Use the Drop-down list for the Desired length of initial lease term for requested space; number of years—normally 5 years or less; 10 years is an exception that requires prior approval from DOA Lease Administration Section Chief. For SOB requests, list '0' (zero).
9. **Desired Number & Length of Renewal Options:** Number of terms and length of terms for renewal options; for example, two 5-year renewal options. For space in an SOB, list "1" year, since there is not a set time period.
10. **Proposed Property Street Address and/or City, if known:** Fill in street address and/or city of proposed property, if known.
11. **Proposed Property Contact, if known (Name, Phone #, E-mail):** Fill property contact (possibly a commercial real estate broker or a building owner), if known. Type in name, phone number and e-mail address.
12. **Desired Occupancy Date (note if 'Critical' and list reason(s) in Item #38 below):** Desired date to occupy the requested space. Please allow sufficient time for DOA Lease Administration staff to fulfill your request. This is your proposed occupancy date. Lease Administration staff will work with you to determine an actual occupancy date based on agency's need and the availability of space to meet the requirements.

If the Space Request has a "critical" time frame, type 'Critical' after the date, with reason(s) listed in Item #38 box. Examples of 'critical' reasons: safety or health concern with the current space, the current building owner has changed hands and occupants will be evicted, or a new agency funding source has a deadline—list Item #38 box on form.

If State Office Building space request, list: SOB ON-GOING.

13. **Agency Tenant/Lease Coordinator, Phone Number & E-mail Address (type in box to right):** Must enter the Agency Tenant/Lease Coordinator, who will be the main agency contact for this Space Request; include name, phone number and e-mail address.

#### 14. SPACE ALLOCATION BY POSITION CATEGORY SECTION

**Position Category & Job Title:** List all current and new request, authorized positions, by Position Category and Job Title. See "[DOA Space Allocation Guidelines, section 5.9](#)" for the various Position Categories. Limited term and shared positions should be indicated as such. *List 'N/A' if not filling in this section.*

**IMPORTANT:** Positions specifically located in Support Areas (i.e., reception/security desk) must be listed here and the number of positions; but do NOT list 'Amount of Square Feet per Position' if the workstation space for these positions is included in the Support Areas section 16, below.

**If more lines are needed for positions, continue to next Worksheet Tab; see bottom of form. Square feet numbers from tab will automatically add into Grand Total (#15).**

**Furniture/Office:** Use the drop-down menu in this column to select the appropriate type of furniture/office to be used for each position category. See [DOA Space Allocation Guidelines, section 5.9](#).

Systems = Individual workstation, open cubicle

Private Office = Enclosed office; not open cubicle

**Number of Positions:** In the 'Current' column, enter the current number of staff members for each position category/job title, if applicable. In the 'New Request' column, enter the total number of positions for each position category/job title to be in the space over the lease term requested (including renewal options), *even if it is the same as 'current'*.

**Standard from Guidelines:** Enter the 'Amount of Square Feet per Position' allowed for each position category as detailed in the "[DOA Space Allocation Guidelines, section 5.9](#)" based on the type of furniture selected. For limited term and part-time employees, use square feet data from space allocation code WS-3 listed in the guidelines. If

you have correctly completed this section, the 'Grand Total Square Feet of New Request' column will automatically calculate. If it does not, edit the previous columns as appropriate.

- 15. Grand Total square feet requested for space allocation by position categories/job titles here & below in Totals box (#18):** If you have correctly completed the previous boxes, these two boxes will automatically calculate. If they do not, edit previous columns as appropriate.

## 16. SPACE ALLOCATION BY SUPPORT AREAS SECTION

This section of the form is used for any Support Areas, including furniture and equipment space. List open work and non-work areas only, NOT private offices or individual workstations. Support Areas may include conference rooms, meeting rooms, training rooms, reception/security desk, break area, kitchenettes, copier areas, work rooms and/or larger copier areas, mail rooms, shared printer areas, file/storage rooms, open lateral file areas, vertical file areas, library, in-suite restrooms, lactation room, laboratories, garages, etc. SEPARATELY list each category being requested.

**IMPORTANT:** All positions specifically located in the Support Areas will be listed in the "Space Allocation by Position Category" section 14, above, without "Amount of Square Feet per Position" because the square footage is included in this section (e.g., reception/security desk). List 'N/A' if not filling in this section.

### 16a: ONLY Conference, Meeting and Training Rooms

**Category & Description:** Enter Category and brief description according to the "[DOA Space Allocation Guidelines, section 5.10](#)".

**Average Number Visitors/Staff:** Enter, separately, the average number of visitors and staff expected at one time.

**Frequency of Use:** Enter the estimated hours per day, days per week, and weeks per year that the support area space will be used.

**Number of 'Each Category':** In the 'Current' column, enter the total current number of each support area category, if applicable. In the 'New Request' column, enter the total number of each support area category to be in the space over the lease term requested (including renewal options), *even if is the same as 'current'*.

**Standard from Guidelines:** Enter the 'Amount of Square Feet per Support Area' allowed for each category as detailed in the "[DOA Space Allocation Guidelines, section 5.10](#)". If you have correctly completed this section, the 'Total Square Feet of New Request' column will automatically calculate. If it does not, edit the previous columns as appropriate.

### 16b: All Other Support Areas

**Category & Description:** Enter Category and brief description according to the "[DOA Space Allocation Guidelines, section 5.10](#)". If a needed category (such as a lactation room) is not listed in the guidelines, still list category on form.

**Number of 'Each Category':** In the 'Current' column, enter the total current number of each support area category, if applicable. In the 'New Request' column, enter the total number of each support area category to be in the space over the lease term requested (including renewal options), *even if is the same as 'current'*.

**Standard from Guidelines:** Enter the 'Amount of Square Feet per Support Area' allowed for each category as detailed in the "[DOA Space Allocation Guidelines, section 5.10](#)". If a needed category (such as a lactation room, laboratory or garage) is not listed in the guidelines, enter an estimated square footage for that item.

**If more lines are needed for positions, continue to the next Worksheet Tab; see bottom of form. Square feet numbers from tab will automatically add into Grand Total (#17).**

If you have correctly completed this section, the 'Total Square Feet of New Request' column will automatically calculate, including any listings on the additional worksheet tab. If it does not, edit the previous columns as appropriate.

17. **Grand Total square feet requested for space allocation by support areas (items 16a&b) and Totals box (#19):** If you have correctly completed the previous boxes, these two boxes will automatically calculate. If they do not, edit previous columns as appropriate.

## TOTALS SECTION

18. **Total Space Allocation by Position Categories/Job Titles (#14 above):** If you have correctly completed the previous boxes, this box will automatically calculate. If it does not, edit appropriate columns in section #14 above.
19. **Total Space Allocation by Support Areas (#17 above):** If you have correctly completed the previous boxes, this box will automatically calculate. If it does not, edit appropriate columns in section #16a&b above. This total will be same as #17 total above.
20. **Subtotal Usable Square Feet (Sum #18 + #19):** This box will automatically calculate the sum of Total Space Allocation by Position Categories/Job Titles (#18) plus Total Space Allocation by Support Areas (#19).
21. **Estimated In-suite Circulation Area:** If unknown, enter 25%. If known, enter percentage. The total will automatically calculate the Usable Square Feet (#20) times the percentage entered for the estimated in-suite circulation area for the leased space.
22. **Estimated Building Load Factor:** ONLY Enter 10% if in multi-tenant building where common areas, such as reception and some or all restrooms, are used by all tenants. If NOT multi-tenant building, LEAVE 0%. The total will automatically calculate the Usable Square Feet (#20) times 10% or 0%.
23. **Total Square Feet Requested = Subtotal Usable Square Feet (#20) + Circulation (#21) + Load Factor (#22):** This box will automatically calculate the Subtotal Usable Square Feet (#20) plus the Estimated In-suite Circulation Area (#21) plus, if applicable, Estimated Building Load Factor (#22).

## BUDGET IMPACT SECTION

The assigned DOA Real Estate Transaction Manager will manage and complete the site search with the agency.

24. **Rental Rate Change per Square Foot:** To estimate a new rental rate, contact a DOA State Real Estate Transaction Manager for current market rates in the geographic area of your request. In the box on the left, enter the 'Current' rental rate per square foot (if applicable). In the center box, enter the 'New Request' estimated rental rate per square foot. The box on the right will automatically calculate the estimated Rental Rate Change per Square Foot (positive or negative).
25. **Total Square Feet Change:** In the box on the left, enter the 'Current' total square footage (if applicable). The center box will automatically post the 'New Request' estimated total square feet from item #23. The box on the right will automatically calculate the estimated Total Square Feet Change (positive or negative).
26. **Annual Space Cost Change:** These boxes will automatically calculate and post the estimated change in the annual space cost -- 'Current' total (if applicable), 'New Request' total, and 'Change' amount (positive or negative) - by multiplying the applicable Rental Rate per Square Foot (item 24) times the applicable Total Square Feet (item 25), and then calculate the Annual Space Cost Change (positive or negative).
27. **Total Number of Positions Change:** These boxes will automatically post the total number entered in section 14. The box on the left is the total of 'Current' number of positions from section 14. The center box is the total of 'New Request' number of positions from section 14. The box on the right will automatically calculate the Total Number of Positions Change (positive or negative).

### ONE-TIME, NON-RECURRING COSTS (except Item 31 if amortized)

28. **Estimated Moving Cost:** Enter, in the left box (Applicable # of Positions), the number of Current OR New Request OR Change Positions from item 27. *Depending on the circumstances regarding which employees need to move to the premises, decide if the Moving Cost will include:*
- *Current Agency employees (Current column from Item 27), OR*
  - *all the Agency's employees (New Request column from Item 27), OR*

- *include only the additional employees (Change column from Item 27).*

If the estimated moving cost is 'unknown', enter \$500.00 in the center box for Cost/Position. Alternatively, if the estimated moving cost has been obtained, divide that total cost by the number of Positions (from the left box) to obtain the Cost/Position and enter amount in the center box. The box on the right will automatically calculate the Total Estimated Moving Cost.

- 29. Estimated Furniture Cost:** Enter, in the left box, the number of EITHER New Request OR Change Positions from item 27. *Depending on the circumstances of the need for furniture, decide if the Furniture Cost will include all the Agency's employees (New Request column from Item 27) OR include only the additional employees (Change column from Item 27).*

If the estimated furniture cost is 'unknown', enter \$6,500.00 in the center box for Cost/Position. Alternatively, if the estimated furniture cost has been obtained, divide that total cost by the number of Positions (from the left box) to obtain the Cost/Position and enter amount in the center box. The box on the right will automatically calculate the Total Estimated Furniture Cost.

- 30. Estimated Cabling Cost:** Enter, in left box, the number of EITHER New Request OR Change Square Feet from item 25. *Depending on the circumstances of the need for cabling, decide if the Cabling Cost will include all the estimated square feet (New Request column from Item 25) OR include only the additional square feet (Change column from Item 25).*

If the estimated cabling cost is 'unknown', enter \$7.50 in the center box for Cost/Sq. Ft. If estimated cabling cost estimate has been obtained, divide that total cost by the Square Feet to obtain the Cost/Sq. Ft. and enter amount in the center box. The box on the right will automatically calculate the Total Estimated Cabling Cost.

- 31. Estimated Tenant Improvements Cost:** Enter, in the left box, the number of EITHER New Request OR Change Square Feet from item 25. *Depending on the circumstances of the need for tenant improvements, decide if the Tenant Improvement Cost will include all the estimated square feet (New Request column from Item 25) OR include only the additional square feet (Change column from Item 25).*

If the estimated tenant improvements cost is 'unknown', enter \$25.00 in the center box for Cost/Sq. Ft. If estimated tenant improvements cost estimate has been obtained, divide that total cost by the Square Feet to obtain the Cost/Sq. Ft. and enter amount in the center box. The box on the right will automatically calculate the Total Estimated Cabling Cost.

Check appropriate Yes or No box regarding Amortization Proposed for Tenant Improvements. If amortized, Total Estimated Tenant Improvements Cost divided by # of years in Initial Lease Term (item #8) = Yearly Cost.

- 32. Estimated Grand Total for Initial 1-Year Term (Item #26 New Request + #28 Total + #29 Total + #30 Total + #31 Yearly Cost).**

- 33. Special Requirements:** List any special requirements such as computer HVAC requirements, unusual electrical or communications needs, special security needs, extended hours of operation, etc. Attach additional pages, if necessary, to further describe special requirements. *List 'N/A' if not filling in this item.*

## JUSTIFICATION FOR SPACE REQUEST SECTION

Place a 'check mark' in the appropriate box (item #33, #34 or #35) to indicate the reason for the Space Request. Explain the justification for the Space Request in the boxes below. *Attach additional pages if needed to further explain.*

- 34. Creation or Deletion of Unit:** A new unit has been created, which requires a space to conduct business, or a current unit has been deleted so the space they occupy is no longer required.
- 35. Expansion or Contraction of an Existing Unit:** A unit has either increased or decreased in personnel or the necessary physical space needed for the unit to conduct business has increased or decreased.

- 36. Other:** Any other justification for an increase or decrease in space (other than the creation or deletion of a unit OR the expansion or contraction of an existing unit), such as, safety or health concern with the current space or the building has changed hands and occupants will be evicted.
- 37. What are required features for the proposed property?:** List all pertinent reasons; such as, proximity to needed clientele, proximity to needed client services, number of parking spaces, type of parking spaces (e.g., customers, employees, state vehicles, secured), bus line, access to major roads, facility ingress/egress/ADA, building security, need for 1<sup>st</sup> floor building space, connectivity (e.g. BadgerNet), etc.
- 38. What issues will occur if the status quo continues or this Space Request is not approved or accomplished by the desired occupancy date listed in #12 above?:** Provide explanation. Examples of 'critical' reasons: safety or health concern with the current space, the current building owner has changed hands and occupants will be evicted, or a new agency funding source has a deadline.
- 39. Is this a property/service area that your agency reasonably believes will be used for more than 40 years? If yes, how long? Are there any long-term planning or other needs that your agency has for this location? If yes, what?:** Provide explanation.
- 40. If known, is there a Holdover provision in the existing lease and does it provide for a rent increase?:** List answer.
- 41. Anticipated overall rent change, if any:** List total dollar amount change, if any, which will be realized with this Space Request.
- 42. Cost Avoidance; is there going to be a reduction in specific item costs due to this Space Request:** List specific items that will be reduced and related dollar amount realized with this Space Request.
- 43. Health and Safety Concerns:** List any pertinent health and safety concerns that would require change in space need.
- 44. Moving Cost: If applicable, how is the cost to be funded (e.g. current agency base budget, special funds)?:** List answer.
- 45. Furniture Cost: New, refurbished or existing? How is the cost to be funded (e.g. current agency base budget, special funds)?:** List answer.
- 46. Cabling Cost: New, refurbished or existing? How is the cost to be funded (e.g. current agency base budget, special funds)?:** List answer.
- 47. Tenant Improvement Costs: How are the costs to be funded: (A) Current Budget—Lessor Amortization, (B) Current Budget—paid at Lease Commencement, or (C) Special Funds?:** List answer.
- 48. From Item 27: If applicable, explain difference of Current versus New Request of Total Number of Positions [e.g. previous vacant positions filled, new hire allocation positions filled, LTE(s) added]:** Provide explanation.

## FUNDING SECTION

- 49. Can all lease costs and obligations be funded from the agency's base budget level for the requested lease term?:** Enter a "check mark" in the 'Yes' or 'No' box to indicate answer.
- 50. If 'No' in item 49, explain how funds will be obtained:** If you indicated "No" in item 48, explain how funding will be obtained to pay for all lease costs and obligations for the lease term.
- 51. Type(s) of Funding for this Space Request.** Check box(es) for the appropriate funding source(s).

General Purpose Revenue (GPR)  
Program Revenue (PR)

Segregated Revenue (SEG)  
Segregated Revenue-Federal (SEG-F)

Program Revenue-Federal (PR-F)  
Program Revenue-Service (PR-S)

Segregated Revenue-Local (SEG-L)  
Segregated Revenue-Service (SEG-S)

52. **Authorizing Source: Appropriation(s) and Percentage for each listed Appropriation (percentages must total to 100%):** Enter the appropriate appropriation(s) and related percentage for each; totaling 100%.

**SIGNATURE APPROVALS SECTION (*Sign & Date BELOW designation*)**

53. **Agency Budget Director/Financial Manager Signature (required):** Every Space Request form must be approved by the Agency Budget Director/Financial Manager (signed and dated).
54. **Agency Legal Counsel (if applicable):** Space Request may be reviewed, signed, and dated by the Agency Legal Counsel (signed and dated).
55. **Agency Secretary/Chancellor or 'Designee' (required):** Every Space Request form must be approved by the Agency Secretary/Chancellor or their designee (signed and dated).
56. **DOA DFTS BREM Bureau Director** (required, but DOA Lease Admin will obtain): Every Space Request form will be reviewed for potential approval by the DOA Division of Facilities & Transportation Services, Bureau of Real Estate Management Bureau Director. DOA Leasing Administration will obtain the needed approval review by the Bureau Director.
57. **DOA State Budget Office** (required, but DOA Lease Admin will obtain): Every Space Request will be reviewed for potential approval by the agency representative in the DOA State Budget Office. DOA Leasing Administration will obtain the needed approval review by the DOA State Budget Office.