

CHECKLIST FOR COMPLETING SPACE REQUEST FORM:

Ensure You Have the Following Before Filling Out This Form

- Budgeted funds for space and all moving costs are authorized
 - Tenant information including contact information for person(s) who will act on behalf of the agency to complete the budget process
 - Tenant **requirements for additional space, replacement space, a new space, renewal of existing lease**, or other (requires explanation if other)
 - Conditions necessitating additional, replacement, or new space.
 - Budget account information including current allocations for rent (if known), budget account number and decision/appropriation unit information as well as General Fund percentage
 - Budget analyst name and contact information
 - Agency location for billing of rent
 - Agency location for receipt of legal notices
 - Desired lease term. If requesting more than five years, must include reason
 - Estimated square footage needed using the Space Justification Spreadsheet (separate tab in this workbook) showing breakdown of FTES, part-time and planned new hire positions for the term of the lease, room/area detail, private offices, cubicles and required square footage of each.
 - Estimated expenses resulting from this proposed lease. For moving expenses contact the Purchasing Division for "good of the State" moving vendors and/or furniture vendors. For data/telephone costs in Las Vegas, contact EITS@ 702-486-4077; for Northern Nevada contact EITS@ 775-684-7341
 - Department administrator signature
- Timeframes needed for processing of space request**
- Minimal or no tenant improvements - Allow a minimum of 90 days from the date Request is received by PWD
 - Extensive tenant improvements - Allow a minimum of 180 to 270 days from date Request is received by PWD

[Space Request Form](#)

[Space Justification Form](#)

Failure to provide any information requested herein will result in processing delays

**IF THERE ARE ANY QUESTIONS IN COMPLETING THIS FORM PLEASE CONTACT
LEASING STAFF AT (775) 684-1824**

REQUESTING AGENCY MAY ATTACH SEPARATE PAGE(S) FOR ADDITIONAL INFORMATION



Date Received by Leasing Services

Leasing Services SPACE REQUEST FORM

NOTE: All fields MUST be completed in their entirety.

- Additional Space (Expanding space at existing location)
- Replacement Space (New location for existing programs)
- New Space (A new program) Renew of current lease
- Other (Explain)

Explanation: _____

Dept/Division/Bureau that will occupy this office space: _____

Agency Contact Person _____

Phone # _____ Fax # _____ Email _____

Program's
Current Address: _____

Alternate Contact Person _____

Phone # _____ Fax # _____ Email _____

Justification - What conditions necessitate this Space Request?

Tenant Improvements* (describe below or on a separate page) ***Subject to Lessor Approval via Leasing**

Budget Information: Is budget authority currently available? _____

Decision Unit: _____

Yes No

Budget Account # _____ **Appropriation Unit:** _____

How much is currently allocated to rent for this site per fiscal year? \$ _____ -

Is Tenant General Funded? Yes No Percentage? _____

If not, please explain:

Budget Analyst Name _____ **Phone #** _____

Email: _____

Name & address of agency to be billed for rent: _____

Name & address of agency to receive legal notices _____

under the lease: _____

Requested area/location and Zip Code _____

Term of lease requested: _____ months

Total number of staff to be housed in this space during the entire term: _____

(Please include contracted staff, staff from other jurisdictions and interns)

Client needs (check all that apply): This location services customers

This location is administrative only This facility will house non-public information

This facility should be near public transportation

This facility will house info with HIPPA requirements

This facility will require specialized equipment (describe below or on a separate page)

Square footage requested* _____

*REFER TO SPACE REQUEST GUIDELINES/INSTRUCTIONS ON THE "SPACE JUSTIFICATION SPREADSHEET" IN A SEPARATE TAB IN THIS FILE. IN ORDER FOR YOUR REQUEST TO BE PROCESSED, **A COMPLETED SPACE JUSTIFICATION FORM IS REQUIRED AND MUST BE ATTACHED**

[Click Here for Space Justification Form](#)

Moving costs, furnishings and data/telephone costs are required by the Budget Office for consideration of the Certificate of Funding.

Estimated costs: Moving: _____ Furnishings: _____ Data/Tele: _____

AGENCY HEAD APPROVAL:

By signing this document you are certifying the following:

- **I have authority to execute legally binding contracts that will encumber funds for my Agency, Board or Commission.**
- **Please check one:**
 - Funds are available in the current biennium to cover the estimated costs of the proposed office facility (including rent, moving, IT, and other costs, if applicable) as listed in the space request above
 - Funds are NOT available in the current biennium to cover the estimated costs above (including rent, moving, IT and other costs, if applicable). A workprogram will be prepared for IFC consideration.
- **Future funding for the proposed term of the lease will be sought to continue the lease and rental agreement.**
- **Information in the space justification is accurate as we know it through the entire lease term.**
- **In the event occupancy needs change during the lease term, we will immediately notify Leasing Services**
- ***We understand that the Agency will be assessed for the services of the Public Works Division through the life of the lease and I hereby agree to pay such assessment.***
- **Space Requests must be submitted to allow enough time to meet agency deadlines within the following timeframes:**
 - **Minimal or no tenant improvements - Allow a minimum of 90 days from the date request is received by PWB.**
 - **Extensive tenant improvements - Allow a minimum of 180 to 270 days from date request is received by PWB.**

Signature of Director or
Administrator

Printed Name and Title

Date

UPON COMPLETION OF THIS FORM RETURN TO:

PUBLIC WORKS DIVISION

ATTN: LEASING SERVICES

511 E. Musser Street, Suite 102, Carson City, NV 89701

Fax: (775) 684-1817 Phone: (775) 684-1815

leasingservices@admin.nv.gov

INSTRUCTIONS FOR COMPLETING SPACE JUSTIFICATION FORM:

1)	Information Required	Complete the form by filling in the appropriate yellow cells. Most resulting space calculations are automatic. Information should be provided as known through the end of the lease term.
2)	Staffing	Enter the number of staff that will be at this location based on level of responsibility. Please indicate type as: 1 - Private office; 2 - Some Walls, no door; 3 - Open area, modular. The form will calculate totals for you. For reference, space is provided to list specific staff titles or names if desired.
3)	Conference	Conference areas should be based on average attendance. 20 square feet per person is calculated.
4)	Reception	Reception areas should be based on the average number of people waiting. 10 square feet per person is calculated.
5)	Copier/Fax	Copier and Fax locations are calculated at 50 square feet per location. The number of locations should be determined by the agency based on their business model.
6)	Client Service	Please indicate if this location will service clients. Per ADA requirements, any office area used to serve clients that have two or more workstations grouped within the space must have 48" wide accessible routes throughout the area.
7)	Other Shared Space, Secure Areas, Adjustments	Please explain special requirements for adjustments to standard space allowances
8)	Common Areas	To account for additional common areas and hallways, the form calculates an additional 20% to the total requested square footage above.
9)	Synergies & Comments	Please add any other information necessary to fully explain space needs
10)	Approval	Form should be signed by an Administrator authorized to sign contracts for the Agency.