**ORF SPACE JUSTIFICATION DOCUMENT**

**Requesting Manager:** Please complete Parts I - VI of this form (SJD) and submit to Division Director for review and signature.

**Division Director:**

* 1. Please review Parts I-VI.
	2. Sign and fill out “Date Space is needed” (below).
	3. Submit SJD to OAM Director, ORS/ORF (Bldg. 31/4B30) for clearance/signature.

 **For Division of Facilities Planning (DFP), ORF Use Only**:

Date SJD Received by DFP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ORF Service Group: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

ORF SJD#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Type of Space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Net Assignable Space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Requesting Manager:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name/Signature/Date)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title/Division/Branch/Phone Number)

**Division Director:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name/Signature/Date)

**OAM Director, ORS/ORF:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Kathleen Eastberg/Date)

**Date Space is needed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Project Description and Scope

## Kind and Amount of Space Requested

1. Temporary \_\_\_\_\_\_\_\_Permanent \_\_\_\_\_\_\_\_\_\_
2. Space Trade \_\_\_\_\_\_\_\_\_\_
3. Lab \_\_\_\_\_\_Admin \_\_\_\_\_\_Animal \_\_\_\_\_\_Clinical \_\_\_\_\_\_
4. Approximate SF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Comments:

## Program Type

Expansion of Existing Space \_\_\_\_\_\_New Space \_\_\_\_\_\_

Description of Program Activity (include name and type of functions performed by office/lab/branch)

Are there any location requirements (i.e., specific building, on or off campus)? If so, justify required location; provide detailed description of limitations.

#  Staffing

Provide total number of existing IC staffing in requested building. Justify any change in staffing levels in comparison to latest census figures.

Provide staffing numbers and positions, broken down by organization or function, for the requested space, as appropriate. Indicate temporary, part-time and other positions accordingly. For contract staff, indicate why space cannot be provided as part of the terms of the contract.

# Programmatic Justification for Space Request

Explain why space is needed by the requested timeframe and impact if space is not available by the requested timeframe.

If request is for temporary space during renovation, provide location of permanent space work request number, and the estimated start date, duration and completion date of renovation.

# Explain why current IC space cannot be used to accommodate proposed program.

#  Budget Impact

## Long Term Impact

## Cost Associated with Obtaining Space

# SJD Cost Estimate to Build Out and/or Lease Space

(Administrative/Office Space Type as example; values will change according to Space Type)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_Net Assignable Square Feet (NASF) \_\_\_\_\_\_\_\_\_\_\_\_\_Rentable Square Feet (RSF)

Estimate of Costs for Renovations of Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Rooms: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Renovation/Relocation Cost Estimate

Tenant Alterations to Space\_\_\_\_\_\_\_(rsf) x $38 (Adm/Office Type) $\_\_\_\_\_\_\_

Project Management & Soft Costs (27% of Alterations) $\_\_\_\_\_\_\_

Telecommunications/LAN \_\_\_\_\_\_\_(rsf) x $22 $\_\_\_\_\_\_\_

Moving Services \_\_\_\_\_\_\_(rsf) x $ 2 $\_\_\_\_\_\_\_

Workstations

 New\_\_\_\_\_\_\_ (each) x $7,000 $\_\_\_\_\_\_\_

 Reconfigured \_\_\_\_\_\_\_ (each) x $3,500 $\_\_\_\_\_\_\_

Total$

Project Contingency Estimate (10% of above totals) $\_\_\_\_\_\_\_

Total estimate for Space Renovations $\_\_\_\_\_\_\_

Total estimate for Moving Expenses $\_\_\_\_\_\_\_

Grand Total estimate for $\_\_\_\_\_\_\_

Space Renovations and Moving Expenses

Annual Lease/Rent Estimate

\_\_\_\_\_\_\_\_ rsf x $15.41 = $\_\_\_\_\_\_\_

Security Supplement

\_\_\_\_\_\_\_\_rsf x $\_\_\_\_\_\_\_\_\_$ \_\_\_\_\_\_\_

Total Annual Lease/Rent$ \_\_\_\_\_\_\_

Grand Total for 1st year costs$ \_\_\_\_\_\_\_

\*See page 3 Part V- under Budget Impact

Certification of Funds

CAN # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HNAM Code: \_\_\_\_\_\_\_\_\_\_\_

The Director, (insert ORF Division here) has reviewed and approves the above estimate.

The Division (insert ORF Division here) has the estimated funds to complete this request within its budget.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Director, Division of Budget & Financial Management, ORF (Signature) Date

# Recommendation

ORF SJD #\_\_\_\_\_\_\_\_\_ (will be provided by the ORF Space Coordinator)

 Space Coordinator for ORF Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_

Terence Lewis

Division Director, ORF Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

 (Name)

# Concurrence

Director, Office of Administrative Management, ORS & ORF

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Kathleen Eastberg

# Approval

Director, ORF Sign\_­\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_

D.G. Wheeland