

\_\_\_\_\_ County of Santa Clara Interdepartmental \_\_\_\_\_  
**REQUEST FOR USE OF COUNTY SPACE**



Space Request#

Agency/Department

Division:

**Provide Brief Problem Statement** (Description of an issue that needs to be addressed, 1000 character limit):

**REQUEST FOR**

New Space:     **Additional Space:**     Relocate:

Other:     Space needed in **Sqft:** \_\_\_\_\_

Term needed in **Years:** \_\_\_\_\_

Address(if known): \_\_\_\_\_

Time line the space is needed: \_\_\_\_\_

**Renew** Current Space:    Term needed in **Years:**

Address: \_\_\_\_\_

**Below Fair Market Value Request:**

Govt Agency:     Non-Profit:     Other:

**Furniture:**

Purchase:     Reconfiguration:

**DEPARTMENTS POINT OF CONTACT**

Name/Dept: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*\*\*\*PLEASE NOTE\*\*\*\*\***

**The information requested on this form must be signed and completed to move forward with your space request.**

\_\_\_\_\_  
**Requestor Department Head Signature**

**Print Name and Date:**

\_\_\_\_\_  
**Signature of Agency/Department Fiscal Officer**

**Print Name and Date:**

**Program Funding to be used to fund this project:**

Budget Unit:

Cost Center:

General Ledger:

**Office of Budget Analysis**

**OBA Comments:** Regarding ongoing or one-time nature of program & FTE budgeted

\_\_\_\_\_  
**Signature of Office of Budget Analysis Analyst Verifying Funding**

**Print Name and Date:**

Upon completion of this form and obtaining the authorized signatures, please scan and email it to: [space.request@faf.sccgov.org](mailto:space.request@faf.sccgov.org). If you have questions regarding this request, please contact us at (408)-993-4600.

**Space Requests are due four business days in advance of the next Administrative Space Planning Committee Meeting**

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**SPECIFIC JUSTIFICATION AND SPECIFICATION OF REQUEST**

1. What Specific County Program(s) will be in the space?

2. What is the goal of this (these) County Program(s), what is the service delivery model, who are the clients, and what is the client population?

2a. Will a non-County organization be providing these services, if so is there a Service Agreement already?

YES  NO

3. What is the occupancy (provide number of employees and client daily visits)? Is the occupancy expected to grow over the lease period or within the next 5 years?

4. What is the type of Space (office, warehouse, medical clinic, medical consultation etc.)? Is the space hardwalled, open space, combination, or another configuration and why is this kind of layout necessary?

5. What special requirements are needed to make the space/location functional (excessive parking, daily client visits, public transportation, security, backup power etc.)?

6. What are the program's on-site meeting space and storage needs?

7. Will you be using existing furniture, fixtures, equipment (FF&E)?

YES  NO  Other

Explain:

8. Location Preference (particular city or area of county):

9. Please explain why this is the only area that will satisfy your program goals. Will you need to be near other departments/services or have other adjacency needs?

10. Purpose for request (relocation/consolidation/change in business model, growth or reduction in program, etc.):

11. Additional Information:

12. Does this request have any direct impact on Children or Youth? If so please explain the type of impact this request will have using the 13 indicators referenced in the Children's Agenda (Agenda Item #31, January 10, 2012):

13. Does this request have any direct impact on Seniors?

14. Does this request have any direct impact on Sustainability of our community?