SPACE PROGRAMMING QUESTIONNAIRE

GENERAL INFORMATION

1. Department: ________________________________________________________________

2. Division/Section: __________________________________________________________

3. Your Name & Title: _________________________________________________________

4. Your Telephone: ___________________________ Fax: _____________________________

5. Your E-mail Address: _______________________________________________________

6. Your Building & Address: ___________________________________________________

7. Please attach an organization chart for your unit and identify the current staffing levels for each component. If a formal organization chart does not exist, please sketch one.

8. Please describe the functions and responsibilities of your department/office, the major services rendered, and the recipients of those services.

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**Staff Requirements**

9. Please list all current staff including contract, temporary, part-time, seasonal, etc. by position description or title, e.g., supervisor, assistant, analyst, clerk, secretary, etc. Please list the actual number of staff your division/unit currently has under the “2008” column and estimate staff requirements for each of the future years indicated.

<table>
<thead>
<tr>
<th>Position Description / Title</th>
<th>Historical</th>
<th>Projected</th>
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<tbody>
<tr>
<td>1.</td>
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<td>8.</td>
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<td>9.</td>
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<td>10.</td>
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<tr>
<td><strong>Totals</strong></td>
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</tbody>
</table>

10. Please describe the basis on which you are projecting future staff increases or declines. If workload change is a factor, please explain briefly those workload indicators (filings, cases processed, requests for information, permits issued, etc.) that influenced your projection.

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____________________________________________________________________________________________________________________________
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____________________________________________________________________________________________________________________________
11. Identify any past or anticipated changes in laws, regulations, automation, contracting of services, types of services rendered by your unit, etc., that may have influenced historical or may impact future staff levels and space requirements.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

12. Do your staff levels vary by more than 10% during the year? Yes ☐ No ☐ If yes, what causes this fluctuation, how large is it, and when does it usually occur?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

13. If employees from other organizations work within your space, please indicate the quantity and the name of the organization they are from.

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________________________________________________________________________

________________________________________________________________________

**SPACE REQUIREMENTS**

14. Discuss any current deficiencies or inadequacies in your unit’s space that impair your ability to perform your duties in an efficient manner.

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________________________________________________________________________
15. Which positions listed in question #9 may require fully enclosed offices? Please discuss the reasons for your answer.

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16. Special support areas include storage rooms, coffee/break rooms, copy rooms, reception space, conference and interview rooms, public counters, computer rooms, libraries, courtrooms, vaults, holding cells, and the like. Please list any special areas needed for your unit.

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17. Do you have any special storage requirements such as fireproof storage, climate-controlled storage, etc.? Please describe.

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____________________________________________________________________________________
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18. Does your unit have or need any common work areas that are not assigned to specific staff? If so, please list them.


19. If your unit requires use of a conference or training room, please identify for each meeting size category (the columns headed by Number of Attendees) please identify the level of use by noting the average number of meetings per week for each category and their average duration in minutes.

<table>
<thead>
<tr>
<th>Number and Length of Meetings</th>
<th>Number of Attendees</th>
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<tbody>
<tr>
<td></td>
<td>1-3</td>
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<tr>
<td>Average Number of Meetings per Week</td>
<td></td>
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<tr>
<td>Average Length of Meetings (minutes)</td>
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</tbody>
</table>

VISITORS

20. Please check the appropriate box for the average number of daily visitors to your unit for each of the types of visitors indicated. Also indicate the average length of visit in minutes, and identify the peak number of visitors (for all types) at any one time.

<table>
<thead>
<tr>
<th>Type of Visitors</th>
<th>Number of Visitors</th>
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<tbody>
<tr>
<td></td>
<td>None</td>
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<tr>
<td>Other County Staff</td>
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<tr>
<td>Other Government Visitors</td>
<td></td>
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<tr>
<td>Public Visitors</td>
<td></td>
</tr>
<tr>
<td>Average Length of Visits (minutes)</td>
<td></td>
</tr>
<tr>
<td>Peak Number of Visitors (any one time)</td>
<td></td>
</tr>
</tbody>
</table>
21. Do these visitors arrive randomly throughout the day ___________; during scheduled times that are typically from ___________ to ___________; or in large groups (simultaneously for example for hearings, seminars, training, etc.). Please discuss.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

22. Do visitors require accommodations for any of the following:
   a. Access to files, forms, or records? Yes ____   No ____
   b. Access to libraries or reference materials requiring space for study? Yes ____   No ____
   c. Accommodations for small child waiting/play area? Yes ____   No ____
   d. Delivery/pick-up of materials larger than can be easily carried by hand? Yes ____   No ____
   e. Food or vending other than coffee or drinking fountain? Yes ____   No ____
   f. A quiet space to work for a brief time? Yes ____   No ____
   g. A dedicated work area for most/all of the day? Yes ____   No ____
   h. Access to a computer? Yes ____   No ____

Discuss all “Yes” answers: ________________________________

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__________________________________________________________________________

__________________________________________________________________________

SECURITY

23. Does your unit require any level of security beyond that provided at staff and visitor entrances to the building? Yes _____   No _____

24. Does your unit retain files or valuable material that cannot be contained in standard lockable file cabinets? Yes _____   No _____

25. Does your unit generate conversation that is so sensitive that it requires more acoustical control than provided for normal conversational privacy in an enclosed room (office or conference room) with drywall partitions to the underside of the suspended acoustical ceiling? Yes _____   No _____

26. Does any of the space assigned to your unit require CCTV monitoring? Yes _____   No _____
If yes, describe and identify who monitors the CCTV: ______

________________________________________________________________________

________________________________________________________________________

27. Does your space, or any component of it, require intrusion alarms, sound or motion detection, or video surveillance? Yes _____ No _____

28. Does your unit include activity that would generate concern for any risks such as armed intrusion, non-armed forced entry after hours, blast protection, assembly/protest control, glass breakage, or vehicular movement? Yes _____ No _____

Please discuss all “Yes” answers: ____________________________

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________________________________________________________________________

TECHNOLOGY

29. Does your unit currently use computer applications that require connection to servers or centrally located equipment by other than category 6 cable? Yes _____ No _____

If “Yes,” please identify required method of connection: ______

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

30. How many servers are dedicated to your unit’s application? ____________ Can they be located with other servers in a common secured, conditioned space shared with other units in the building or on the same floor? Yes _____ No _____

If “No,” discuss your requirements: ______________________________

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________________________________________________________________________

________________________________________________________________________
31. Does your unit require a direct, hard wire connection to any equipment not located within space assigned to your unit?  Yes _____  No _____

If “Yes,” please specify the requirement: ____________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

32. Will your space contain any hardware that must run continuously beyond the time needed for an orderly shut-down in event of a power outage that could require separate circuitry connected to a generator?  Yes _____  No _____

If the requirement is for more than 15 minutes, please discuss: __________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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33. Will your unit require any equipment to be located in a space that has an access control device?  Yes _____  No _____

If “Yes,” please describe that equipment and the reasons for such access control: ____________________________
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__________________________________________________________________________________________
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**ADJACENCY/LOCATION**

34. Please identify the components of your unit that must be located directly contiguous with each other, those that should be on the same floor but not necessarily contiguous, and those that could be on another floor but must be in the same building (this could be answered as “all others”).

a. Contiguous: _______________________________________

b. Same Floor: ________________________________

c. Other Floor: ________________________________
35. Please explain the reasons for the “contiguous” adjacency requirements you identified in Question 35a.
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36. Are any functions currently located outside of your building that should be consolidated into it? Discuss any savings or operational advantages that would result.
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**PARKING**

37. Are there any County vehicles assigned to your unit? Yes____ No____ If yes, how many? ________
How are assigned vehicles utilized (e.g., dedicated, scheduled, drive home, other)? __________________________
____________________________________________________________________________________
____________________________________________________________________________________

**COMMENTS**

38. Are there any particular issues, opportunities, or problems regarding development of new county facilities that should be addressed in the preparation of this space requirements program?
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____________________________________________________________________________________
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Thank You For Your Assistance!!!