

Office of Space and Building Management (OSBM)
HCHB Space Change Request



REQUESTING OPERATING UNIT:

DEPARTMENT CODE:
(Refer to Space Allocation Report)

~ Request for New or Additional Space

~ Vacancy Notification of Existing Space (Skip to Section 6)

REQUESTING OPERATING UNIT APPROVING OFFICIAL

	Official Title	Name
Chief Financial Officer		
Director		
Budget Official		
Other: _____		

OPERATING UNIT SPACE LIAISON

NAME: _____ PHONE NUMBER: _____ EMAIL ADDRESS: _____

SECTION 1 - PROGRAM DESCRIPTION

1.1. Organization to occupy space: *Include the organization hierarchy in its entirety, from the requesting business unit to the Bureau/Operating Unit/Division level. Please do not use acronyms. (i.e. Office of the Secretary/ Assistant Secretary of Administration Chief Financial Officer/ Office of Facilities and Environmental Quality/ Office of Space and Building Management/ Space Management Division)*

1.2. Description of program activity and related space requirements: *Include the type of functions performed by the group, as well as a detailed description of any special use space being requested (i.e. secure room, high-density storage, etc.). Use this space to describe how the office functions including group collaboration and privacy needs.*

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SECTION 1 - PROGRAM DESCRIPTION CONT.

1.3. By what date is the space needed?

1.4. Please explain why the space is needed by the requested timeframe and impact if space is not available by the requested timeframe.

1.5. Please describe why space is being requested. Include all information pertinent to this request.

1.6. Explain why current Operating Unit space cannot be used to accommodate this space request. Include the current number of vacant workstations being held at the OU/bureau level and why the vacant workstations cannot be used to accommodate this space request

SECTION 2 - SPACE REQUIREMENT

2.1. Is this space needed on a permanent or temporary basis?

- Permanent
- Temporary (Length of Time Needed) _____

2.2. Select the box that most accurately reflects the reason the program/ business unit is requesting space.

Check all that apply.

- New program requirement
- Expansion of existing program
- Operating Unit reorganization
- Other _____

2.3. Will the OU be vacating any of their current space assignment as part of this request? If the answer is 'yes', please complete Section 6.

- YES
- NO

2.4. Type of Space Being Requested:

- Office Space
- Other _____

2.5. Are you anticipating any remodeling or enhancements to accommodate your proposed use?

- YES
- NO
- DON'T KNOW

2.6. Is this space requirement accounted for in the Office of Building Renovation's Program of Record (POR)? New space requirements will impact an OU's POR and therefore must be coordinated with the Office of Building Renovation.

- YES
- NO
- DON'T KNOW

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SECTION 3 - UTILIZATION

3.1. Provide the following information regarding headcount at the Business Unit level. If requesting space for more than one Business Unit, provide the same information for each Business Unit. If the organization requesting space is neither growing nor shrinking, only complete the Current Headcount column.

Name of Division:			
Area Type	Square Foot/ Unit	Current Headcount	New Headcount
Executive Office ¹	300 SF		
Standard Office ²	150 SF		
Staff Workstation ³	36 SF		
Intern workstation ⁴	25 SF		
Contractors	36 SF		
	Total		

SECTION 4 - SPECIAL REQUIREMENTS AND CONSIDERATIONS

4.1. Are there any location requirements (i.e., specific building location or adjacency)? If so, justify required location and provide a detailed description of limitations

SECTION 5 - FUNDING SOURCES

5.1. Funding Code

5.2. Type of Account

Working Capital
 Accounts Receivable
 Salary and Expenses

¹ Assistant for Secretary for Legislative & Intergovernmental Affairs

² SES Position

³ Staff count reflects those in the OS POR Validation Workbook - Rev 06.08.2018

⁴ Provide specific information regarding the duration of the staff and a description of the temporary nature of the positions

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SECTION 6 - VACANCY NOTIFICATION

Complete if OU is vacating space to which they are currently assigned. Notice to Vacate should be submitted 30 days prior to move out date. A post-move inspection must be scheduled with the Space Manager to confirm all items identified during the walk-through have been completed.

In accordance with the Occupancy Agreement, when vacating existing space, present occupants are responsible for funding a CD-410 work request as necessary, to bring the space back to Building Standard.

The OU must schedule a walk-through with the Office of Facilities and Environmental Quality (OFEQ) Space Manager to determine what work must be done prior to returning the space back to the Department. The present occupants will continue to pay rent for the space until these items have been completed.

The work includes but is not limited to:

- **Removing all items (with the exception of furniture deemed reusable by the space manager).**
◦ *Remove trash, boxes, classified documents, and IT equipment.*
- **Removing items mounted on the wall and repairing any subsequent damage.**
◦ *Remove white boards, TV monitors, and hanging art.*
- **Returning spaces to the building standard condition, including paint color, furniture and specialty construction.**
◦ *SCIF Decertification*
◦ *Card Reader Deactivated*
- **Clean to a broom-swept condition. If furniture is being left, this includes emptying and cleaning all drawers and shelves.**
- **Return all furniture keys and entry keys**

6.1. Specify the move-out date:

6.2. Specify which spaces the OU plans to vacate as part of this request. Include a list of all rooms the OU plans to vacate in the table below using the Space Allocation Report or attach Space Allocation Report with highlighted areas.

~ See highlighted areas on attached Space Allocation Report for details (recommended)

Bureau	Department Code	Room Number
Example: ASA-100	ASA-161B - OSBM_SMD-Space Manament Division	CC109

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SECTION 7 - SPACE CHANGE AUTHORIZATION (To be completed by OSBM Space Manager)

~ Space Acquired ~ Space Vacated

7.1. Space Change Authorization to be completed by the OSBM Space Manager. The OSBM Space Manager will then return it to the OU POC for Authorization. If you require rent estimate, please contact the Office of Real Property Programs (ORPP).

Bureau	Department Code	Floor	Room	Room Name	Code	Area
Total						

Total OU Original Square Footage: _____

Total OU Updated Square Footage: _____

Effective Date: _____

This request has been reviewed and approved for submission by the CFO or Director, Budget Official, and OSBM Space Manager.

OPERATING UNIT SPACE LIAISON

NAME: _____ SIGNATURE: _____ DATE: _____

OSBM SPACE MANAGER

NAME: _____ SIGNATURE: _____ DATE: _____

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CD-412 SPACE CHANGE REQUEST OVERVIEW AND DIRECTIONS

This CD-412 Space Change Request Form is the official method by which space is requested. It should be submitted by the designated Operating Unit Space Liaison. A CD-412 is required whenever department/program wants to add to make changes to its current space assignment. Some examples are:

- New or expanding program whose space needs cannot be met in its current space assignment.
- Notice to vacate existing space

Once the Office of Space and Building Management (OSBM), Space Management Division (SMD) receives the request, the requestor will be notified in writing that the request has been received. SMD will initiate the analysis process at the next available meeting date to determine a solution to the request.

As space is one of GSA's most valued resources, relevance to the Strategic Plan, the operating unit's Missions Statement, and Current Space Utilization are key considerations in resolving space requests. As square footage requested often outweighs the amount of available space, departments and programs are encouraged to manage their space as effectively as possible. This may mean reallocating space internally or funding a CD-410 work request to renovate existing space to accommodate new functional requirements.

Identifying a solution to a Space Request may take up to 6 months. If no solutions can be identified during that time, the requestor is notified that no solution is available, and the request is cancelled.

NEXT STEPS

- Submit CD-412
- OSBM to conduct Space Analysis
- OSBM to advise Space Recommendation
- Authorization Signatures

FORM DIRECTIONS

- This form is an electronic template created in Adobe so that you can create digital forms rather than hand written documents.
- Save this template form to your departmental or personal folder.
- Complete a separate digital form for each request as a separate word document.
- Email the completed CD-412 to the CFO or Director for your area for approval.
- Click Submit button on last page to forward completed form to the Office of Space and Building Management Space Manager or forward a copy of the completed CD-412 to tpearce@doc.gov and egarcia@doc.gov.