Chapter 33.1 Leasing of Real Property

33.1.1 Introduction and Purpose. The purpose of this chapter is to provide guidance on roles and responsibilities for management of Indian Health Service (IHS) leasehold interests in real property. This chapter updates, replaces and supersedes the following Office of Environmental Health and Engineering (OEHE) Technical Handbook Chapters:

- 32-3 Acquiring Leasehold Interests in Real Property
- 33-1 Leasing Overview and Authorities
- 33-2 Special Considerations in Leasing
- 33-2.1 Capital Lease Analysis
- 33-3 Lease Approval Process
- 33-3.1 Lease Priority System
- 33-3.2 Non-LPS Lease Approval
- 33-3.3 Village Built Clinic Leasing Program
- 33-4 Lease Management

33.1.1.1 Background. The 1976 Indian Health Care Improvement Act (IHCIA), Public Law (P.L.) 94-437 as amended (25 U.S.C. 1674) authorizes the Indian Health Service (IHS) to enter into leases with Indian tribes. There are additional leasing authorizations in the 1975 Indian Self-Determination and Education Assistance Act (ISDEAA) (Public Law 93-638, as amended). Leases executed under the authority of either of the aforementioned laws are executed by an authorized IHS signatory, usually an IHS Lease Contracting Officer (LCO).

The IHS authorizes the services of the General Services Administration (GSA) to lease office and storage space. GSA assigns the leased space to IHS through an Occupancy Agreement (OA). If IHS has a continued need for the space, a new lease would be required after the initial lease has expired. Leases awarded by the GSA on behalf of IHS are subject to the procedures, regulations, and policies of GSA and are performed and executed by the GSA Project Managers and GSA Lease Contracting Officers.

33.1.1.2 Discussion/Summary. Whether IHS acquires space by Direct lease (P.L 93-638 or P.L 94-437 tribal lease) or GSA, the acquisition and management of the lease follows similar basic best practices, policies and procedures. IHS LCOs are located in the OEHE Division of Engineering Services (DES) and are delegated authority by the Director DES to sign and manage leases for IHS. One exception to DES delegated LCOs is the Alaska Area LCO, who has delegated authority by the Alaska Area Director to sign and manage Alaska Area Village Built Clinic leases. Lease acquisition/procurement strategy and lease contracting decisions are the primary responsibility of the LCO awarding the lease. For any guidance on the procedures, processes, requirements on lease contracts, lease acquisitions or the acquisition of tenant improvements in an existing lease (GSA or IHS Direct lease), Area Office personnel should consult with the appropriate DES LCO.
All lease requests to lease new, expanded, or replacement space, as well as to renew existing agreements for IHS Direct leases must be reviewed under the Lease Priority System (LPS) process and approved by the Lease Priority System committee and the Director, DES.

This chapter provides general guidance for IHS personnel for leasing and managing Federal Leased space acquired by an IHS Direct or a GSA lease. This chapter also briefly describes the Alaska Area Village Built Clinic (VBC) lease program.

33.1.2 Definitions.

(1) **Agency-Controlled Space.** Federally owned, leased, or controlled space acquired or used by Federal Agencies under any authority other than the Federal Property and Administrative Services Act of 1949, as amended. It also includes space for which IHS has delegated authorities for acquisition, use, or disposal to other agencies.

(2) **Acquisition.** To acquire by contract with federal appropriated funds supplies or services (including construction) by and for the use of the Federal Government through purchase or lease, whether the supplies or services are already in existence or must be created, developed, demonstrated, and evaluated. Acquisition begins at the point when agency needs are established and includes the description of requirements to satisfy agency needs, solicitation and selection of sources, award of contracts, contract financing, contract performance, contract administration, and those technical and management functions directly related to the process of fulfilling agency needs by contract.

(3) **Available Space.** The total amount of space that is currently being marketed as available for lease in a given period. It includes any space that is available, regardless of whether the space is vacant, occupied, available for sublease, or available at a future date.

(4) **Build-Out.** Refers to the preparation of space for occupancy including lighting, outlets, partitions, doors, carpet, paint, etc. This could mean either demolition of existing partitions, doors, outlets, etc., and new interior construction or construction from a shell to meet contract terms.

(5) **Capital Leases.** Leases that transfer substantially all the benefits and risks of ownership to the lessee. Per OMB Circular A-11, a lease is considered a capital lease when it meets one or more of following criteria:
   - Ownership of the asset is conveyed to the Government at the end of the lease period;
   - Lease contains an option to purchase the asset at a bargain price;
   - The lease life exceeds 75% of the asset life;
   - The present value of the minimum lease payments exceed 90% of the assets fair market value at the inception of the lease;
   - The asset is constructed on Government land;
The asset is not general purpose in nature and was built to unique Government specifications;
- There is no private sector market for the asset; or
- The Government must assume all the financial risks of ownership of the asset, even though they may not be at fault for loss of the asset;
- Execution of a capital lease requires express Congressional approval.

If a lease does not meet any of these criteria it is an operating lease. IHS does not typically entertain the possibility of entering into a capital lease because the total leased cost is often not the best option to provide for ownership of the asset.

6. **Delineated Area.** The specific geographic boundaries within which space will be obtained to satisfy an Agency space requirement.

7. **Delivery Date.** The date a building completes construction and receives a certificate of occupancy.

8. **Direct Lease.** A lease executed between the IHS and a Tribe or Tribal Organization under the authority of either Public Law 94-437 or Public Law 93-638.

9. **Exterior Space.** The site area (land) the leased building is built on and is included in the lease.

10. **Federally Leased Space.** Space for which the United States Government has a right of occupancy by virtue of having acquired a leasehold interest.

11. **Full Service Lease.** Rent is all inclusive. The landlord pays all or most expenses associated with the property, including taxes, insurance, maintenance, janitorial, and utilities.

12. **Lease Contracting Officer (LCO).** IHS LCOs are the individuals with delegated and warranted authority to plan, negotiate, execute and manage real property leases for IHS (Direct IHS leases and some authorized GSA leases, as well as VBC leases) and the DES LCOs serve as the sole interface with the GSA leasing realty specialists and the GSA Contracting Officer. Only the DES warranted LCO is authorized to hold discussions, negotiations, or make any obligations on behalf of IHS with lessors or potential lessors.

13. **Leased Space.** All of the space that has a financial lease obligation. It includes all leased useable and rentable space.

14. **Lessee.** Party of the lease (Renter) that rents the space from the lessor (Owner) per the terms of the lease.

15. **Lessor.** One who lets property under a lease (the Owner).

16. **Market.** Geographic boundaries that serve to delineate core areas that are competitive with each other and constitute a generally accepted primary competitive set of areas. Markets are building type specific, and are non-overlapping contiguous geographic designations having a cumulative area that matches the boundaries of the entire Region. Markets can be further subdivided into sub markets.

17. **Operating Lease.** A lease that does not meet any of the eight criteria listed for a capital lease (see capital lease definition above). It is an agreement conveying the
right to use property for a limited time in exchange for periodic payment. A lease is considered an operating lease when:

- The lessee is granted only the right to use the property and assumes no risk of ownership;
- The lease life does not exceed 75% of the asset life; and
- The lease payments do not exceed 90% of the asset value.

Operating leases are the most common type of direct lease IHS enters into.

(18) **Owner.** The company, entity, or individual that holds title on a given building or property (Lessor).

(19) **Outlease.** IHS may enter into an outlease with a Tribe/Tribal Organization when access to IHS real property is required. The outlease conveys only limited interest in the IHS property and does not convey or imply any ownership interest.

(20) **Request for Space.** Written documentation the requesting IHS Area provides to the DES LCO with the information necessary to assign space. A request for space shall be submitted on Standard Form 81 and Standard Form 81-A, Space Requirements Questionnaire (see Attachment A GSA Space Request), and LPS worksheets (See Attachment C, LPS Worksheets), if necessary. The request shall, at a minimum, contain descriptions of the amount of space, listing of personnel to be housed, geographic area, time period required (lease term) and funding availability as certified by the Area Office Finance Director or Area Director (see Attachment F, Funds Certification).

(21) **Rent.** The lease payment codified in the lease document agreed to by the Lessee to pay the Lessor for the leased space.

(22) **Rental Rates.** The annual cost of occupancy for a particular space quoted on a per square foot basis, and per the lease terms.

(23) **Request for Lease Proposal (RLP).** Request submitted to prospective offerors. An RLP is an invitation for bids in sealed bidding and a request for proposal in negotiated acquisitions. RLPs are issued by GSA for GSA leases and issued by DES LCOs for IHS Direct leases.

(24) **Tenant Representative (TR).** The IHS person at the Direct leased or GSA assigned facility responsible for communicating with the LCO for all building lease issues, including housekeeping, maintenance, lighting, HVAC issues, etc. The TR is identified by the Area OEHE Director/Service Unit CEO and is responsible for day to day administration and oversight of lease requirements.

### 33.1.3 IHS Roles and Responsibilities.

#### 33.1.3.1 Lease Contracting Officer (LCO).** DES LCOs are the individuals with delegated and warranted authority to plan, negotiate, execute and manage real property leases for IHS and to serve as the primary interface with the GSA leasing realty specialist and the GSA Lease Contracting Officer. The DES LCO serves as the individual designated as the authority for all matters concerning real property leases. Therefore, only the DES LCO or his or her designee may contact lessors, offerors, or potential offerors concerning space leased or to be leased. The LCO
is the only individual authorized to make oral or written representation or commitments or agreements with respect to the terms of occupancy of particular space, tenant improvements, alterations and repairs, or payment for overtime services.

33.1.3.2 Area Realty Management Officer (ARMO). The ARMO is responsible for day-to-day activities at the lease location, conducting periodic inspections, reporting and documenting deficiencies as well as handle other related lease matters. The ARMO may not hold discussions, negotiations, or make any obligations on behalf of IHS with lessors or potential lessors and may not discuss any contractual or monetary matters with lessors or potential lessors. Only the DES warranted LCO is authorized to perform these duties.

33.1.3.3 Tenant Representative (TR). The TR is appointed by the Area OEHE Director/Service Unit CEO and is physically located at the leased site. The TR reports to and communicates with the ARMO regarding day to day lease administration requirements.

33.1.4 GSA/Lessor Roles and Responsibilities.

33.1.4.1 GSA Building Manager (GBM). A GSA employee at a Federally-owned or leased facility under the GSA’s jurisdiction with responsibility for the day to day operation of the facility or group of facilities. In situations where the IHS leases space through GSA in a Federal Building or leased facility under GSA’s jurisdiction, IHS would not be required to have an appointed Tenant Representative. An example of this type of space is an IHS Area Office. Most IHS Area Offices are located in GSA assigned space.

33.1.4.2 GSA Leasing Contracting Officer/Realty Specialist. The GSA official with oversight and lease procurement responsibility for entering into GSA leases. This is the person the LCOs will deal with on GSA leasing activity. The DES LCO is the only person authorized to contact the GSA Leasing Realty Specialist (LRS) directly. The LRS is the GSA individual who generates the Occupancy Agreement (OA) that is provided to the DES LCO for concurrence and signature on any GSA-space assignment.

33.1.5 Leasing Authorities and Delegations

33.1.5.1 Delegated GSA Leasing Authority. IHS has limited delegated leasing authority from GSA as codified in IHS Administrative Delegation #34. The delegation allows IHS to acquire space by lease in buildings if any of the following conditions are met:

(1) The space may be leased for no rental, or for a nominal consideration of $1.00 per annum; or

(2) The space is for hospitals, including medical clinics; temporary housing, including hotels (does not include temporary duty quarters or employee relocation) and specialized storage/depot facilities for terms, including all options (general purpose warehouse type facilities not included), of up to 20 years; or
(3) Laboratories for terms, including all options, limited to 5 years and no more than 2,500 square feet of space; or
(4) Garage space, on a fiscal year basis only; or
(5) Space for short-term use limited to 180 days with extensions granted by GSA on a case-by-case basis.

Authority to sign the leases under the authority of Administrative Delegation #34 vests with the following IHS individuals:

- Deputy Director
- Deputy Director for Management Operations
- Director, Office of Environmental Health and Engineering
- Director, Division of Engineering Services

The authority to sign these limited GSA leases as described above may be re-delegated only to those employees who have been adequately trained and warranted as lease contracting officers (DES LCOs).

33.1.5.2 IHS Direct Leasing Authority. IHS Direct Leasing Authority is delegated to the IHS Director directly from Congress under Public Laws 93-638 (25 U.S.C. §450j(l)) and 94-437 (25 U.S.C. §1674). Signatory authority for execution of leases under these authorities are codified in IHS Administrative Delegations #49 (P.L. 93-638) and #50 (P.L. 94-437). IHS has broad discretion for leasing of land and space in support of the delivery of medical services under the listed authorities. Authority to sign the leases under these authorities rests with the following individuals:

- Deputy Director
- Deputy Director for Management Operations
- Director, Office of Environmental Health and Engineering
- Director, Division of Engineering Services

The authority to sign leases under Administrative Delegations #49 and #50 may be re-delegated only to those employees who have been adequately trained and warranted as lease contracting officers (DES LCOs).

33.1.5.3 Outlease Authority. IHS may enter into an Outlease with a Tribe/Tribal Organization when access to IHS real property is required. The Outlease conveys only limited interest in the IHS property and does not convey or imply any ownership interest. The maximum term for an Outlease is 20 years. The Tribal use should not interfere with the IHS mission or be averse to the interests of the United States. Any improvements to or on the IHS real property Outleased to a Tribe shall be temporary or semi-permanent construction, which can be removed and the IHS real property returned to its original condition upon expiration/termination of the Outlease.

A Tribal Resolution is required requesting the IHS for an Outlease to allow Tribal access and use of IHS real property, plus any supporting documents needed to justify the Outlease request. The
Outlease is normally at no cost or nominal cost. The Tribe is normally responsible for operation and maintenance costs although the space could be eligible for M&I funding.

The respective IHS Area Office shall prepare an LPS application for review and approval by the LPS Committee (see Attachment C). Once the LPS package is approved by the DES Director, the DES LCO would then initiate the Outlease between the IHS and the Tribe.

33.1.6 Acquisition Planning/Requirements Development.

33.1.6.1 An acquisition plan for all new, succeeding, or replacement leases shall be developed by the requesting Area and shall be approved by the DES LCO. A template acquisition plan is included as Attachment E to this chapter. Additionally, the need/requirement for the space, as outlined in the acquisition plan, must be determined prior to deciding on the location of the space.

33.1.6.2 For a copy of the IHS Space Questionnaire, see Attachment D. For a copy of the questionnaire required to be completed for space to be obtained by GSA, see Attachment B, GSA Space Request.

33.1.7 Lease Acquisition Process.

33.1.7.1 GSA Acquired Space. Before beginning the acquisition process, approval for the amount of space requested must be provided by the Area Office to the DES LCO. Requests for GSA space must be submitted 36 months prior to the expiration of the current GSA lease. Upon DHHS, Program Support Center, Real Estate, Logistics, and Operations Support (RLO) review and approval for the GSA requested space, the Director of DES will provide approval of the space through the issuance of a signed SF-81. All IHS space must comply with the DHHS utilization rate (UR) of 170 SF/FTE (HHS Facility Manual Volume II, Section 2-4 Utilization Rate for Office and Related Space, see Attachment A). The approved SF-81 authorizes the LCO to begin the lease acquisition process with GSA. The due diligence required for the approval to establish estimated costs, bona fide need, and delineated area should be completed prior to submission of the SF-81 to the LCO for initial review, as part of acquisition planning.

Advanced acquisition planning and coordination with the DES LCO must begin as early as possible to ensure space is acquired, built-out (if necessary), and ready for occupancy either before or in conjunction with the expiration of the current leased space. It should be noted that sole source or limited source justifications must meet the burden established at FAR 6.302 for sole source requirements and are approved at the sole discretion of GSA. For administrative space requirements that exceed the required UR of 170 sq ft per employee limit, a waiver justification must be developed by the Area per HHS Facility Manual Volume II, 2-4-10, C. Waiver Process (see Attachment A) and must be approved by RLO. The DES LCO will provide technical assistance in developing 170 UR waiver request, but the approval of the waiver ultimately rests with HHS/PSC/RLO.
**33.1.7.2 IHS Direct Lease Space.** Requests for space under the leasing authority of IHS direct leases for either a PL 93-638 or PL 94-437 lease must be submitted no later than 24 months prior to the expiration of the current direct lease.

For Direct leases executed by IHS under IHS authorities, the Lease Priority System (LPS) Committee approval is required (see Section 33-1-8 of this Technical Handbook Chapter entitled “Lease Priority System”). Once LPS approval is received for a Direct lease requirement, the LCO can submit an SF-81 for approval by the Director DES. Once the DES Director signs the SF-81 the LCO can commence the lease acquisition process with the Tribe or Tribal Organization.

As with GSA space requirements, Direct lease advanced acquisition planning and coordination with the DES LCO must begin as early as possible to ensure space is acquired, built-out (if necessary), and ready for occupancy either before or in conjunction with the expiration of the current leased space to avoid holdover. It is the intent of the IHS/DES LCO that all leases executed under the authority of IHS’s direct lease authority be negotiated on a no cost basis. The LCO is responsible to obtain space by negotiation with the Tribe or Tribal Organization (TO) and ensure that all legal, regulatory and other requirements are met. Requirements include, but are not limited to, applicable clearances and approvals including fire and life safety, sustainability, security and seismic requirements.

All leases executed by the Federal Government must comply with the National Environmental Policy Act (NEPA). However, some Tribes have adopted a Tribal Environmental Policy Act (TEPA) while others are using the State Environmental Policy Act (SEPA) when Reservations contain significant amounts of Fee Simple lands within their boundaries. Whether the real property is land or a structure, or both, the IHS or Tribe (as applicable) is required to ensure NEPA compliance for the lease acquisition.

**33.1.7.3 Security Requirements.** Security requirements for leased space will vary with location. Also, collocation with other federal entities in the leased facility may be a factor in determining security requirements. IHS will follow all GSA requirements for leases executed by GSA. Further, if security requirements beyond what is required by GSA are to be included in a GSA lease for space, those requirements must be communicated in the submission of the request for space package to DES. Security requirements for Direct (tribal) leases will be determined per IHS policy and per consultation between the LCO and Area Office personnel.

**33.1.8 Village Built Clinic Leasing Program.**

**33.1.8.1** This section provides guidance related to leases of “Village Built Clinics” (VBC) in the Alaska Area by referencing specific Alaska Area Native Health Service policy. The Village Built Clinics Leasing Program is intended to lease space in isolated Alaskan village locations where the Community Health Aide is the primary health care provider. All VBC buildings are privately owned. The VBC Program is not applicable to locations where physicians and other health care practitioners are permanently residing.
33.1.8.2 The Community Health Aide Program (CHAP) was initiated during the tuberculosis epidemic of the 1950s. Village volunteers known as “Chemotherapy Aides” helped to bring tuberculosis under control in rural Alaska. The role of the Chemotherapy Aide expanded to Community Health Aide when the Indian Health Service (IHS) formally established the CHAP in 1968. The Community Health Aide is a vital component of the rural health care system throughout Alaska.

33.1.8.3 In 1969-1970, the Congress authorized the IHS to lease facilities in rural Alaska where Community Health Aides were providing primary health care. Years prior to this authorization, the Community Health Aides provided health care out of their homes to local residents. The Department of Interior and Related Agencies Appropriations Act of 1989 expanded prior authorizations and authorized the maximum number of Village Built Clinics operated in Alaska to 170.

33.1.8.4 The Alaska Area Director is authorized to delegate LCO authority to qualified trained and warranted Alaska Area personnel to approve and sign VBC leases. The Alaska Area LCO authority is limited to VBC leases only. All other GSA and IHS Direct leases in the Alaska Area are managed under the authority of the DES LCO.

33.1.9 Lease Priority System (LPS) Committee.

33.1.9.1 Background. This section explains the Lease Priority System (LPS) Committee, for IHS Direct leases authorized under PL 93-638 and PL-94-437 and the documents necessary to evaluate direct lease requests for new or expanded leased space requirements for IHS health care programs or in support of IHS health care programs. Area Office personnel should refer to Attachment C, LPS Worksheets, for a listing of the required documents to be submitted to commence the Direct lease process. For any questions concerning the LPS application and/or the LPS Committee, the reader is referred to the LPS Chairperson (which is an assigned DES LCO).

33.1.9.2 Purpose. The 1976 Indian Health Care Improvement Act (IHCIA), Public Law (P.L.) 94-437 as amended (25 U.S.C. 1674) authorizes the Indian Health Service (IHS) to enter into leases with Indian tribes. There are also additional authorizations provided in the 1975 Indian Self-determination and Educational Assistance Act (ISDEAA) (Public Law 93-638, as amended). The initial IHCIA authorization was established as a means to improve the quality of health care provided to American Indians and Alaska Natives. Within three years of the initial enactment of the leasing authorization, more than 300 leases were in place. Of these direct leases, a 20-year full-service lease was negotiated for a new tribally constructed clinic, before IHS had approval from Congress for the funds to staff and equip this new clinic. This unauthorized lease resulted in the Senate and House Subcommittees on Appropriations imposing a moratorium on IHS that lasted 12 years for all direct leases without specific advance provision for funding of staffing and equipment cited in subsequent Appropriations Acts.

(October 1992). The LPS established the LPS Committee, and subsequently, the approval process for IHS direct leases was approved and adopted. As a result, the restrictive language was dropped from the 1992 and subsequent Appropriations Acts.

On June 28, 1991, the Office of Environmental Health and Engineering (OEHE) issued the LPS and the LPS Committee as a supplement adjunct to the Health Facilities Construction Priority System and the Health Facilities Planning Manual. The LPS Committee provides for an internal IHS review and approval process for IHS direct leases. The LPS Committee approval of a direct lease requirement is authorized through the execution of an IHS SF-81 by the Director, DES.

Indian tribes often offer facilities to IHS for lease via a direct lease. These proposals may be to replace outdated Government-owned ambulatory care facilities as well as to replace or expand offices, storage buildings, quarters, and temporary buildings. Some proposals may be to expand current leased space, while others may be to establish services where no federally-owned or GSA leased facility exists.

The IHS authorization to lease space is fairly unique for Federal agencies because nearly all Federal space is leased by GSA. Although the IHCIA and ISDEAA (PL-94-437 and PL-93-638) both include authorizing language for IHS to enter into leases, no corresponding budget authority has ever been included in IHS appropriation bills.

All direct (and GSA) existing lease space, new or expanded lease space, and staffing/equipment costs must be are paid by Service Unit and/or Area Office existing operating Services appropriation funds. Facilities Appropriation funding (including FSA funding) is not authorized, per appropriation law, to pay Direct (or GSA) lease costs.

33.1.9.3 Scope of the Lease Priority System. The LPS Committee is intended to assess the bona fide need (as determined by the LPS Worksheet Attachment C) to lease small health care clinic space, office space, storage space, service space, or other miscellaneous real property utilizing an IHS authorized Direct lease.

Although it is the goal and intent of IHS to lease all land and space at no cost, it is understood that some leases will involve the payment of rent, such as an Area Office space. Approval of lease requirements is subject to the documented availability of funds and the merits of each request.

The IHS leases of tribally owned and operated program space may be limited by the availability of appropriated funds.

33.1.9.4 Applicability. All direct lease proposals for new, expanded, or replacement space, as well as to renew existing agreements for IHS direct leases must be reviewed under the LPS process and be approved by the IHS LPS Committee and the Director, DES.

All IHS direct leases are required to meet the guidelines established by OMB and HHS policies on scoring to ensure the requirement does not meet the criteria to qualify as a capital lease (see
Section 33.1.9 Scoring. An initial scoring evaluation and market research should be completed by the DES LCO prior to submitting the LPS package for consideration.

### 33.1.9.5 LPS Implementation Principles
The LPS is based on the following principles:

- Space is often needed to provide access to approved IHS programs for IHS clients where no suitable Federal facilities exist;
- Current health program requirements should be addressed by the space requested;
- Capacity of existing owned or leased structures should be considered;
- Fully staffed (funded, full time equivalents (FTEs)) programs at existing facilities needing additional space for current workloads have a priority over those involving program expansion, additional staff, and projected service populations;
- Health care delivery facilities have a higher priority than office space, storage areas, warehouse, parking facilities, etc.;
- The Area Financial Officer must certify that funds are available for any space request.

### 33.1.9.6 Lease Space Types Subject to LPS Approval
Special and general purpose space that may be proposed to lease (permanent, no cost, and temporary) under the LPS includes:

- Program space (i.e. outpatient, dental, laboratory, pharmacy, radiology, etc);
- Administrative space (i.e. office areas for health professionals, community health representatives, mental health counseling, administrative space needed to carry out the responsibilities of the Secretary under the IHCIA, etc);
- Parking lots;
- Storage buildings and warehouses; and
- Substance abuse and alcohol treatment facilities funded in IHS appropriations.
- IHS owned real property outleased to a Tribe/Tribal Organization.

### 33.1.9.7 Exclusions from the LPS Process
The following are exempt from the LPS process:

- GSA leased space assigned to IHS as the tenant
- Land Leases including IHS direct and GSA land leases
- Village Built Clinics
- Space leased by ISDEAA contractors from 3rd party vendors (space necessary to carry out IHS contracted programs)
- Tribally-leased space leased to IHS as authorized by P.L. 93-638 Subpart H 105(l) leases.

### 33.1.9.8 Evaluation Process of Proposed Leases
The DES LCO Chairperson will coordinate and convene the LPS committee to review and evaluate the Area Direct lease proposals. The LCO Chairperson will provide copies of each LPS application to Committee members at least five (5)
working days prior to the scheduled LPS committee meeting. Each proposal to direct lease space should address the following:

(1) Consistency of the Service Unit and Service Area data (e.g. demographics, service populations, distances, services, etc.) with statistical data maintained in IHS Headquarters’ Division of Program Statistics;

(2) The condition of the present facility and its capacity to meet current and future workloads;

(3) Facilities offered for lease to the IHS should be high quality, permanent structures that are suited to the employees’ work functions and should be readily adapted to accommodate new work practices and strategies while minimizing expense and delay;

(4) Facilities to be designated as IHS “Mission Critical” or “Essential” buildings that meet the seismic performance level of Immediate Occupancy should be given greater consideration than other classifications of buildings;

(5) Facilities in locations where no IHS or private sector health care facility is now available should be given greater consideration than locations where services are available;

(6) The current and projected space requirements (projections should be for no more than five (5) years in the future). The Department has a utilization limitation for office space of 170 square feet per FTE, which IHS also follows for direct leases.

(7) A summary of all costs associated with lease action should be included in the proposal, i.e. rental payments, all operating, maintenance, security costs, utility costs, etc. Whether a lease is proposed for a nominal cost or for the full value of the lease will not be considered during LPS review. However, consideration will be given to expenses related to utilities, maintenance, personnel, and new equipment. No lease will be approved unless funds are available to cover any anticipated costs. The Area Finance Officer must certify that funds are available (see financial certification Attachment F).

33.1.9.9 LPS Committee.

(1) The LPS Committee will review all direct lease proposals for requirements listed in Section 33-1.8(f) of this Chapter. The LPS Committee is chaired by a DES LCO which rotates on an annual basis between DES LCOs. The LPS also should include representation from the following as core members:

- Division of Regulatory Affairs
- Division of Program Statistics
- Division of Acquisition Policy
- Division of Facilities Planning and Construction
- Division of Facilities Operations
Division of Engineering Services (to include all LCOs not currently serving as Chairperson)

Additional members, when applicable, may include representatives from IHS Finance, Personnel, OIT, etc.

(2) Headquarters LPS Committee procedures include:

- Meetings will be scheduled on an as needed basis by the Committee Chairperson;
- The LPS Committee shall recommend compliant Direct lease packages for approval to the DES Director. By signing the LPS package the DES Director certifies the package is accurate and complete based on the Area’s overall program requirements and that it complies with all laws and orders governing space acquisition and funding requirements;
- Upon DES Director approval of the LPS Direct lease package the cognizant DES LCO negotiates and enters into a lease in accordance with the approved Direct lease request.

(3) LPS Committee determinations may include:

- Approved LPS Application – the DES Director reviews and approves direct lease packages recommended for approval by the LPS Committee. A copy of this approval is provided to the Area Realty Management Officer.
- Disapproved LPS Application – the DES Director signs a memorandum returning the direct lease package disapproved by the LPS committee to the Area Director; the Area is notified in writing that the lease package did not meet LPS requirements; the memorandum documenting the disapproval will cite proposal deficiencies and advise the Area that any resubmission must address all cited deficiencies. The Area Director may resubmit the direct lease proposal by addressing all deficiencies cited in the memorandum. The LPS Committee will make a final determination on the resubmitted Direct lease package and if disapproval is sustained, the Area will be notified in writing.

33.1.10 Budget Scoring

33.1.10.1 Background. IHS must ensure compliance with the Anti-Deficiency Act by following OMB and Departmental guidelines to determine if any IHS leases (new, renewal, modified or amended) meet the criteria to be determined as an “operating” lease. It is IHS’ intent not to inadvertently enter into a capital lease. This section discusses capital leases and provides guidance on performing capital lease analyses.
33.1.10.2 Overview. IHS is required to follow Office of Management and Budget (OMB) guidelines on budget score-keeping (See OMB Circular A-11). Additionally, IHS is required to meet HHS’ guidance’s and policies on budgeting and reporting capital leases. IHS must ensure there are no violations of the Anti-Deficiency Act due to improper budget scorekeeping.

1 The Anti-Deficiency Act prohibits Federal agencies from committing the Government to make future payments for goods or services unless full funding appropriations are provided (see 31 USC §1341(a) (1) (A), §1341(a)(1)(B), §1342 and §1517(a)). Sanctions can be applied to both the agency and the employee. Violations of the Act are subject to sanctions of two types:
   - Administrative - 31 USC §§1349(a) 1518, and
   - Penal - 31 USC §§1350, 1519

2 OMB Circular A-11, Preparation, Submission and Execution of the Budget, outlines how information from an agency’s financial statement is used in the preparation of the annual budget. Capital leases need to be included in the budget submission.


33.1.10.3 The scoring for leases is to be completed at two stages. The first stage is completed by the LCO to evaluate the space based on the prevailing market rates of the delineated area in order to determine the maximum amount of rent that would allow the lease to be awarded in the current market. This step also provides a price range for the space being considered and sets the basis for negotiations. Additionally, if initial conversations have determined the lessor is considering proposing rent at a rate which exceeds the maximum, as previously determined, then other space may need to be considered as a lease in that location may not be feasible. The second stage of scoring is completed after negotiations and costs have been determined but prior to the lease being awarded. This is the final scoring. If the lease is determined to be an operating lease, then the award can be made.

However, if at any time during the process the lease is determined to be a capital lease, the acquisition process must be suspended until required approvals are received.

33.1.11 Alterations/Expansions/Renovations. If alterations, tenant improvements, expansions, and renovations are needed after the lease is in place (either a GSA or IHS Direct lease), these are considered to be a new acquisition. These requests are subject to the same tenets as any other acquisition. Note, expansion (increasing footprint of the lease space) is subject to the same process as new/replacing space. It must be determined whether the request falls within the scope of the current lease. It is critical this determination be made prior to commencing any improvement, expansion, or renovation activities. This determination is made by the assigned DES LCO. It is critically important to engage the DES LCO on any planned improvement, expansion, or renovation in a leased facility at the earliest stages of the planning process.
Although leases do not necessarily provide the Lessor with a “right of first refusal” it is standard industry practice and normally beneficial to ask the Lessor to perform the work. The Lessor performing the work offers the lowest risk option to the Government. If the Government obtains services outside the lease space that is not federally owned, the Government may be exposed to unnecessary liability. The Lessor should always be contacted prior to proceeding with the alteration, expansion, or improvement.

If the Lessor is unable or is unwilling to perform the work, the Government has the right to make alterations if in the best interest of the Government. However, alterations within leased space and improvements to the shell of the building are distinct actions. Alterations within leased space are generally acceptable but improvements to the shell of the building are not. However, Maintenance & Improvement (M&I) funding is not to be used for projects within buildings for which a rental rate is being paid for the building shell.

For further information on alterations, please consult with your DES LCO.

**33.1.12 Land Leases.**

**33.1.12.1** Under the authorities provided by PL 94-437 and 93-638, IHS is authorized to enter into leases, contracts, and other legal agreements with Indian tribes or tribal organizations which hold - (1) title to; (2) a leasehold interest in; or (3) a beneficial interest in (where title is held by the United States in trust for the benefit of a tribe).

**33.1.12.2** Land leases shall be negotiated as no-cost or nominal cost and are executed under the authorities of PL 94-437 or PL 93-638. Land leases are not subject to the LPS Committee approval.

**33.1.12.3** IHS Staff should always confirm the contracting/leasing Tribe (one Tribe) has the majority ownership interest in the property being considered for lease and that certain encumbrances do not appear on the title. These encumbrances would include pre-existing leases that impact or overlap the intended area of use by IHS, mortgages, conflicting surveys of record/disputed corners, liens on the property, or lack of rights of way or easements that imply there is no public access to the property.

**33.1.12.4** A land lease is needed when IHS owns improvements located on Trust property. When IHS leases space within a tribally owned building, the lease is for the land and the building space. In these instances, it is necessary for IHS to clearly identify the location and acreage of IHS’s intended use and it should be appurtenant to the associated lease for the building. Tribal or Trust land cannot be improved (to include demolition and/or construction) without a lease in place. Area personnel should consult the appropriate DES LCO for guidance and a determination on what is necessary to complete the request.

**33.1.12.5** The Area must ensure that the applicable documents listed on the “Land Lease Checklist” are included in the request submitted to the DES LCO. For further information on the documents that will be required for the land lease request to be approved, the reader should
refer to Attachment F, Land Lease Request Checklist, or a DES LCO as they will make the determination on which documents need to be provided from the checklists for their review.

33.1.13 Lease Expiration or Renewal.

33.1.13.1 All IHS leases (except 105(l) leases) are tracked and monitored in the Health Facilities Data System (HFDS). Expiring leases are a priority for all HHS/IHS Realty Staff. DES LCOs need to begin the process for a renewal 36 months prior to expiration for GSA leases and 24 months prior to expiration for direct leases in order to ensure the agency does not end up in a holdover situation.

33.1.13.2 When the DES LCOs make requests to the IHS Area Offices for the lease requirements and renewal packages, it is important for the Areas to respond timely to such requests. DES LCOs should be involved early and throughout the lease process and are available to advise and assist the Areas in developing the requests, and the requirements.

33.1.14 Lease Compliance.

33.1.14.1 Lease compliance remains a shared responsibility of the DES LCOs, Area Office Realty Staff, and Staff at the Local Service Unit. A lease is a legally binding and legally enforceable bilateral agreement/contract. DES LCOs are tasked with the requirement to ensure the terms of the lease are adhered to by all parties.

33.1.14.2 DES LCOs will occasionally travel to the Areas to perform lease inspections with the ARMOS and other Area personnel, and to ensure the lease terms are adhered to. For any questions concerning the terms of the lease, or for interpretation of the lease clauses, please consult with your DES LCO.

33.1.15 Attachments. The following attachments are provided for use as referenced within this document:

A. HHS Facilities Program Manual Section 2-4 Utilization Rate for Office (10/13/11)
B. GSA SF-81 Request for Space
C. LPS Worksheets
D. IHS Lease Space Needs Questionnaire (04/23/18)
E. Lease PM and Acquisition Plan Template (11/15/13)
F. CFO Lease Funds Certification
G. Land Lease Request Checklist (04/17)

End of Chapter 33.1 Leasing of Real Property
SECTION 2-4: UTILIZATION RATE FOR OFFICE AND RELATED SPACE

2-4-00 Policy
10 Procedures
20 Guidance and Information
30 (Reserved)

2-4-00 POLICY

The section addresses the maximum utilization rate (UR) for office and related space of 170 useable square feet (USF) per person, on average, mandated by the ASA memorandum on May 20, 2011. This memorandum supersedes the HHS Utilization Policy for Office and Related Space issued by the Assistant Secretary for Administration and Management (now known as the Assistant Secretary for Administration) on July 14, 2003, and finalizes interim utilization policy issued September 13, 2010.

The maximum space allowable for space planning and occupancy is 170 useable square feet (USF) per person, on average. The USF includes all office, office support space and a pro-rata share of any joint use space that is included in each tenant’s assigned useable square feet. This standard applies to total space. Within the total space, offices greater than 250 USF are reserved for agency heads or equivalents, or department level officials (Deputy Assistant Secretary or higher). No private office shall exceed 350 USF. All housing plans are subject to approval by the Department’s Office for Facilities Management and Policy (OFMP) and the Office of the Assistant Secretary for Financial Resources (ASFR).

Once a total requirement for new office space is established, other HHS assets in the area shall first be considered to determine if space may already be under lease that will accommodate the requirement and in turn, improve the utilization of an existing HHS asset.

This policy only applies to office and office support space. Where a building’s primary use is not office, the policy only applies to the office and office support space separated from the primary function. For example, the policy applies to the office and office support space only in a laboratory and only if the office space is clustered separate from the laboratories. Touch-down space within a laboratory configuration is not covered by this policy.

This policy was effective as of May 20, 2011 for all lease acquisitions, new construction and improvement projects without a housing plan previously approved by OFMP and ASFR. The policy is not retroactive for existing buildings unless space acquisition and/or projects are under development.

A. DEFINITIONS

Useable Square Feet (USF): The office and office support space area assigned to a specific tenant including a pro-rata share of any joint use space. The inclusion of joint use space in the USF calculation is the General Service Administration (GSA) standard. The GSA USF
and other definitions along with how office spaces are calculated can be found in the GSA National Business Space Assignment Policy at http://www.gsa.gov/portal/content/102002. HHS defines useable square feet as the total area of Office Space plus Office Support Space plus a percentage of Joint Use Space.

**Office Space:** Primary tenant area where people work in either offices or cubicle space. This includes and is not limited to all internal circulation space which connects offices and cubicles.

**Office Support Space:** Support spaces in an office are typically used for secondary activities. Office support space includes such spaces as: file storage, reception areas, copy rooms, conference rooms, supply storage, circulation, training rooms, LAN or telephone rooms, libraries, break/kitchen rooms and any similar space assigned to a specific tenant.

**Joint Use Space:** Shared spaces and amenities that are used by more than one tenant (i.e., HHS STAFFDIV or OPDIV referred to hereafter as HHS Component) that may include cafeterias/vending stands, auditoriums, day care facilities, health units, data centers, fitness centers, travel offices, credit unions, conference centers, training centers, libraries, and printing and reproduction units, for which a pro-rata share is included in each tenant’s assigned useable square feet.

**Common Use Space:** Those general public areas typically not assigned to any tenant of a building that provide services, support and horizontal circulation, i.e., areas that pertain to all floors of a building such as elevator lobbies and restrooms. Examples include building support areas such as atriums, main lobbies, security desks, custodial storage, property management office, mechanical areas that support the entire building, fire control rooms, etc.

**Rentable Area:** The total usable square feet of office and office support area assigned to a specific tenant agency plus an associated share of building support, joint use and common use areas.

**Persons:** Includes HHS (component) employees or Full Time Equivalents (FTEs), Public Health Service Commissioned Corps, contractors, inspectors, guest researchers, and research fellows. No distinction is made between part-time and full-time persons, each of whom is counted as a whole number.

**Utilization Rate (UR):** Is the USF divided by the number of persons (see definition) assigned within the USF. For HHS, the UR should not exceed 170 square feet.

**B. EXCEPTIONS**

Exceptions to the maximum UR for Office and Related Space are:

1. Space that will house 5 or fewer occupants or less than 3,000 USF except in locations such as HHS regional offices where there are multiple HHS Components.
2. Space that meets a specific standard approved by the Office for Facilities Management and Policy (OFMP).
3. Space where unique architectural features prevent compliance, such as a Historic Eligible or Historic Registered building with features that cannot be altered, may be eligible for a waiver.

2-4-10 PROCEDURES

A. APPROVAL PROCESS

This policy establishes a maximum utilization rate of 170 USF per person on average. It is highly recommended that each OPDIV establish internal standards which allows for a final UR below this average threshold.

1. Office space requirements for all new or replacement leases or projects in HHS and GSA owned assets, including exceptions noted above, shall be submitted electronically to OFMP Deputy Assistant Secretary (DAS) for approval.

2. The approval request will be in memorandum format from the Headquarters Facility Director for the HHS Component, explaining the space acquisition and transmitting the mission based space requirements (housing plan) or program of requirements (POR). This includes the number of persons (see definition); persons added for growth need to be separately identified.

3. The memorandum should state the current situation, usable and rentable square footage, current number of persons (see definition), lease costs, the lease expiration date, and any special space requirement needs that exist in the space. It is expected that the HHS Component will explain the need for the space, show the amount of new useable space being requested, the number of persons that will be accommodated in the space that will include separately any future planned persons, expected annual lease costs of the new space and finally what the UR for the space will be. See definitions for calculation of the UR.

4. Upon receipt of the memorandum from the component, OFMP will forward the package to ASFR for concurrent review; approval or a response to the Component will be within a reasonable period of time that will not adversely impact project award or occupancy. In most instances approval or comments will be provided within two weeks.

5. For new or replacement leases, each HHS component shall include a housing plan demonstrating the planned UR immediately upon completion of the POR. The POR may be provided in lieu of a separate housing plan, if the required information is demonstrated in a summary format.

6. For building projects in HHS-owned assets, each HHS component shall include a housing plan demonstrating the planned UR as part of the supporting documentation included with the Facility Project Approval Agreement (FPAA) (HHS Form 300).

7. If an approved mission requirement, POR or housing plan later requires additional space due to building characteristics discovered during design and layout, an updated memorandum will need to be electronically submitted and an approval granted by the OFMP DAS and ASFR before acquiring, building out, or altering the space.
8. Whenever an HHS Component knows that a project or building cannot meet the 170 UR, the Component must submit a waiver electronically to OFMP for any lease acquisition, new construction, or improvement project.

9. Offices currently operating under 3,000 USF and wishing to acquire additional office space through a separate Occupancy Agreement (OA), or where the current OA will be amended to include additional office space must submit an approval memorandum to acquire the additional space when the total combined space exceeds 3,000 USF. Content provided by the Component should follow the guidance in Item 3 of the Approval Process. The document should electronically be forwarded to the OFMP DAS for review and approval.

10. All like projects and expansions for a specific Component, whether in one location or for contemporaneous or sequential development in several locations, shall be considered as one project. Components may not split requirements to avoid obtaining a waiver request. If the UR is exceeded on any portion of a defined project, then a single waiver will be required for all space identified. Like projects and expansions that are necessary to reach a common goal or to support a mission must be presented as a single plan. The following are examples of like projects that should be considered as a single plan:
   i. An existing facility that is being replaced by more than one new facility (e.g., current operation split between current and new facility space); and
   ii. Current operations expanding into contiguous available space.

11. Upon occupancy of all space regardless of size or scope or whether a waiver is required, the Component will forward to the OFMP DAS an electronic copy of the final OA, inter-agency or lease agreement and the office layout of the occupied space in pdf format. In instances where the office space is HHS owned, an office layout in pdf format must still be electronically forwarded. All pdf files should indicate a UR, and break down the types of space and how much space is allocated to each type, i.e., Office, Office Support, Joint Use, etc. The number of persons used for the calculation should be listed. Finally, the actual calculation used to derive the UR should also be included.

B. EXISTING OFFICE ASSET UTILIZATION

1. Prior to May 20, 2011 UR Policy: Existing office assets that were considered utilized under the prior HHS UR standard of 215 USF per person shall continue to be considered utilized. Coding will be provided in the ARIS database to reflect these assets either met the 215 UR or one of the previous exceptions.

2. Prior to July 14, 2003 UR Policy: Existing office assets that were acquired prior to adoption of the 215 UR shall be coded Pre-215 UR in the ARIS database.

3. HHS Components shall update their ARIS database to ensure utilization is accurately captured.

4. Please see ARIS guidance for additional details.
C. WAIVER PROCESS

1. A waiver is required for office and related space that exceeds the established HHS Utilization Policy. A waiver request will be limited to the following and related scenarios: an office asset with unique mission related space; or when there is only one option due to limited market availability; or where remaining in the existing space is more cost beneficial as demonstrated by a cost benefit analysis or business case analysis.

2. To expedite an approval to a waiver, once it is known that this maximum UR target level cannot be achieved, a waiver shall be submitted by the HHS Component to the OFMP DAS.

3. The waiver request shall be in narrative format explaining why the utilization rate cannot be achieved, a cost analysis if applicable, and any extenuating circumstances that demonstrate the need or explains the rationale. An example would be remaining in existing space rather than moving to new space. A cash flow analysis showing the net present value of the alternative analyzed should be completed showing that remaining in the larger space is more cost beneficial than relocating or renovating to meet the current UR.

4. When determining if a waiver request is required for locations where multiple HHS Components may be collocated, such as regional offices, the aggregate UR will be calculated first; and then the individual UR of each Component within the aggregate will be evaluated. Each Component exceeding the UR will be required to forward an individual waiver request for their Component’s space. Waiver approvals will not be granted on an aggregate basis, each Component’s request will be considered on a case-by-case basis.

5. All waiver requests from regional, district or field units will be routed through the Headquarters Facility Director for the HHS Component to obtain concurrence before the request is routed to OFMP.

6. Similar to the Approval Process, OFMP will forward waiver requests to ASFR for concurrent review. The Department’s response to the Component will be within a reasonable period of time that will not adversely impact project award or occupancy. In most instances concurrence or non-concurrence with comments will be provided within two weeks.

2-4-20 GUIDANCE AND INFORMATION

A. GENERAL CONSIDERATIONS

In general, the more persons occupying an office space, the more flexibility there will be in achieving the 170 USF on average criteria. Utilizing modular furniture in work spaces will not only provide for a comfortable, quality workspace, but also help achieve the 170 USF on average.

Space for Continuity of Operations Planning (COOP) should not be a separate area. Wherever possible, conference areas should function to support HHS Component COOP activities as emergencies arise. For those situations where components wish to have a separate space for
intermittent COOP or emergency operations, a waiver request should be forwarded to the OFMP DAS. COOP space used for daily mission critical operations does not require a waiver request, for example operations centers manned 24/7.

Consider reducing Administrative Space needs by:

- Using a reduced peak occupancy rate when calculating support space such as conference, training, and storage areas;
- Build support space that can be used for multiple-tasks or operations such as a conference room that could serve as touchdown space or training area that can be partitioned at anytime to reduce or increase room size; and
- Review current telework and Alternate Work Schedule policies and where appropriate incorporate into planning process to reduce office space needs.

B. FUTURE GROWTH RATES

Planned office space should not have a significant growth component over present day levels, unless demonstrated in budget documentation. Planned office or cubicle space reduction should take into account the workforce that is telecommuting or participating in alternate work schedules. Planned office requirements should also take into consideration average daily sick, vacation, family leave and reduced peak occupancy levels based on mission functions.
**REQUEST FOR SPACE**

(See instructions on reverse)

1. DATE
2. AGENCY REQUEST NO.
3. LOCAL AGENCY CONTACT (Name) PHONE NO.
4. AGENCY MARKET SURVEY REPRESENTATIVE (Name) PHONE NO.
5. TO: GENERAL SERVICES ADMINISTRATION PUBLIC BUILDINGS SERVICE
   - NO., STREET ▶
   - CITY & STATE ▶
   - ZIP CODE ▶
6. FROM:
   - AGENCY ▶
   - NO., STREET ▶
   - CITY & STATE ▶
   - ZIP CODE ▶
7. FOR:
   - AGENCY ▶
   - ADDRESS ▶
   - ZIP CODE ▶
   - BUREAU CODE ▶
8. TYPE OF REQUEST
   - INITIAL CONTINUING REQUIREMENTS EXPANSION REDUCTION
9a. GEOGRAPHIC SERVICE AREA
9b. DELINEATED AREA
10. TERM OF OCCUPANCY
   - NO. OF YEARS FIRM TERM
FROM (mo. & yr.) TO (mo. & yr.)
11. TOTAL NO. OF PERSONNEL TO BE HOUSED
12. SPACE REQUIREMENTS
13. SPECIAL REQUIREMENTS AND SERVICES (see attached)
   - ATTACHMENT(S)
14. AGENCY CERTIFICATION
   - I certify that this request is accurate and complete; is for the minimum amount of space required; is in compliance with FPMR 101-17, including all laws and executive orders governing the location of space; and that funds are available for payment of rent, moving expenses, telecommunication expenses, and any related reimbursable costs.
   - SIGNATURE PHONE NO. DATE
   - PRINT NAME AND TITLE
15. FOR GSA USE ONLY
   - Action by Authorized GSA Official

**OFFICE**

<table>
<thead>
<tr>
<th>TYPE OF SPACE</th>
<th>NO. OF PERSONNEL</th>
<th>SQ. FT. PER PERSON</th>
<th>SQ. FT.</th>
<th>TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRIMARY OFFICE AREA</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>OFFICE SUPPORT AREA</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>OFFICE SPACE SUBTOTAL</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>ST 1 GENERAL STORAGE</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>ST 2 WAREHOUSE STORAGE</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>STORAGE SUBTOTAL (Lines b, c)</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>SP 1 LABORATORY &amp; CLINIC</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>SP 2 FOOD SERVICE AREA</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>SP 3 STRUCTURALLY CHANGED</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>SP 4 AUTOMATED DATA PROCESSING</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>SP 5 CONFERENCE &amp; TRAINING</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>SP 6 LIGHT INDUSTRIAL</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>SP 7 QUARTERS/RESIDENTIAL HOUSING</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>SPECIAL SUBTOTAL (Lines e-k)</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>TOTAL SPACE REQUIRED (Lines a, d, &amp; l)</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>OPEN LAND (Total acres)</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>ST 2 INSIDE PARKING (No. of spaces)</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>OUTSIDE PARKING (No. of spaces)</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
<tr>
<td>TOTAL PARKING SPACES (Lines o, p)</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
<td>▶</td>
</tr>
</tbody>
</table>

**STORAGE**

- GOVT CONTROLLED SPACE TO BE ASSIGNED
- NO GOVT SPACE AVAILABLE LEASING ACTION PLANNED
- UNIQUE AGENCY SPACE DETERMINED - SEE ATTACHED
- AGENCY AUTHORIZED TO ACQUIRE SPACE UNDER ITS OWN AUTHORITY
- COMMENTS ATTACHED

**SPECIAL**

- SIGNATURE OF AUTHORIZED GSA OFFICIAL
- PRINT NAME AND TITLE

**GENERAL SERVICES ADMINISTRATION**

STANDARD FORM 81 (REV. 2-89)
Prescribed by GSA-FPMR (41 CFR) 101-17
The SF-81 must be signed by an authorized agency official.

The certification must be submitted to the GSA office which has authority to obligate funds to reimburse GSA for all applicable costs associated with the delivery of space.

The SF-81 must be completed in triplicate, accompanied by a completed SF-81A, Space Requirements Worksheet, Space Requirements Questionnaire and any additional information to fully support the agency’s space needs. Failure to provide complete and accurate information will delay processing and may result in return of the form.

Submit the SF-81 in triplicate, accompanied by a completed SF-81A, Space Requirements Worksheet, Space Requirements Questionnaire and any additional information to fully support the agency’s space needs. Failure to provide complete and accurate information will delay processing and may result in return of the form.

Agency Certification

Item 15. Total amount of Office, Storage and Special space required. (Add lines a, d, and l). (See Item 12, line 0 for ST inside parking).

Item 14. Total amount of special space required (Add lines e through k).

Item 13. Total amount of Office, Storage and Special space required. (Add lines a, d, and l).

Item 12. Total amount of special space required (Add lines e through k).

Item 11. Agency established request number.

Item 10. Name and address of organization making the request.

Item 9. Name and phone number of the GSA regional official who is knowledgeable of the request and will serve as GSA’s point of contact.

Item 8. Name and phone number of the agency representative who will work with GSA if a market survey is conducted. This individual must have the authority to determine acceptability of the building and/or sites and their location.

Item 7. Name and phone number of the local agency official who is knowledgeable of the request and will serve as the agency’s point of contact for this project.

Item 6. Name and phone number of the agency representative who will work with GSA if a market survey is conducted. This individual must have the authority to determine acceptability of the building and/or sites and their location.

Item 5. Name and phone number of the local agency official who is knowledgeable of the request and will serve as the agency’s point of contact for this project.

Item 4. City and state where the space is requested.

Item 3. Name of agency, and bureau code of the organization which will occupy the space (e.g., regional office, district office, field office) if different than the one identified in block 6.

Item 2. Name and address of organization making the request.

Item 1. Type of request. Initial: A request for new space that is not associated with an existing assignment. Expansion: A request for additional space associated with an existing assignment. Continuing requirements: A space action required for a lease renewal, preceding lease, lease extension or move.

Total number of personnel to occupy the requested space. ("Personnel" means the peak number of persons to be housed, regardless of how many of the same or different types of space are used for the activity’s normal operational functions.)

The longest period for which the agency can commit. "Indefinite" and "ASAP" are not acceptable responses.

Information provided in block 6. City and state where the space is requested.

Information provided in block 7. City and state where the space is requested.
(1) Organize the data supporting your request by functional work groups. When one work group has been described begin the next work group on a new page.

(2) The requesting agency is responsible for describing the following workspace elements of the Space Requirements Program:

- **Workstations** are indicated by employee name, functional title and grade for each authorized and budgeted position. If the authorized position is vacant, so indicate. Square feet required are determined by layout design on SF-81A, Part 2.

- **Common Function** spaces are indicated by the appropriate name of the workspace (conference, reception, etc.) and the symbol C/F in the grade column. Square feet required are determined by layout design on SF-81A, Part 2.

- **Administrative Support** spaces are either centralized files or miscellaneous equipment (i.e., costumers, an extra bookcase) not appropriately contained within other workspaces. Indicate A/S in the grade column. Square feet required may be determined by multiples of the allowance indicated in ( ) in Section 1 above.

(3) Develop the space requirements program in the following manner:

**Step 1:** List all workspace elements described in (2) above in an order determined by adjacency relationships.

**Step 2:** As necessary, prepare a standard workspace design on SF-81A, Part 2 for each workstation or common function workspace element. Indicate the dimensions of the workspace and calculate the square feet required.

**Step 3:** Use the symbols shown within the illustrations above in Section 1 to itemize furnishings and equipment on SF-81A. DO NOT LIST EXCESS. Itemized listings need not be shown for line items previously standardized. Simply code the line entry appropriately.

**Step 4:** Complete the line item entry by indicating space and enclosure type, square feet required and workspace code No.

(4) Describe, in Remarks, all special needs such as: weight of heavy items, special utilities, service access requirements, supplemental HVAC, etc. Develop a separate specification sheet if necessary.

(5) The information provided on these worksheets is to be summarized on SF-81 Request for Space, and submitted thereto.
WORKSPACE DESIGN: (SCALE 1/4" = 1'0'')
Agency Long Term Space Requirements
Needs Interview Questionnaire

General Project Information (For Use on GSA Leases)

Type of Lease Being Requested

1. Is this request for a succeeding lease to remain in the same location with the same amount of square footage with minimal requirements? Yes ☐ No ☐

   Note: A response is required by NLT or request will be sent to GSA by NLT than

2. Is the request for new space not currently in the GSA or IHS Inventory? Yes ☐ No ☐

   2a. If space is new space or modification to the space are being requested other than carpet and paint please complete the applicable parts on the remainder of the form below

Basic Information

1. Brief description of the location’s daily operations and functions (e.g. typical office, interactions with the public, appeals office, regional office, rapid response center, & etc.)

2. Purpose of this project / move:

3. How does the agency define success?


   a. Notes:

5. Assistance needed from GSA for: IT/Network & Telecommunication Services ☐, Local & Long Distance Phone Service ☐, Furniture Acquisition ☐, Furniture & Personal Property Disposal ☐, Office Equipment Acquisition ☐, Security Products & Services ☐, Move Coordination ☐

6. Total Staff / Headcount: Current Future

7. For restroom calculations: New location percentage of staff women %, staff men %

8. Furniture: Move Existing ☐ or Buy New ☐

New Lease Term

9. Full Term

10. Firm Term (Period TIs are paid off)
Agency Long Term Space Requirements 
Needs Interview Questionnaire

11. Has the agency considered potential office consolidations and closings? Yes ☐ No ☐ Notes:

Square Footage

12. Total Usable Square Footage Requested

13. Is circulation accounted for in the square footage? Yes ☐ No ☐ Notes:
   a. Typically Circulation is calculated as 25-35% of the total USF requested. GSA does not add circulation to the USF submitted by agencies. The initial USF submitted by the agency must include the allowance for it.

14. Does this square footage account for agency-wide space reduction goals? Yes ☐ No ☐ Notes:

Delineated Area Boundaries (Must form a complete closed loop of connecting streets)

Requested Delineated Area:

15. North:
16. East:
17. South
18. West:

19. Is this area within a rural county? If yes, please skip to question 123. If no, please proceed to question 20.

20. Obtain a justification for not locating within a rural county (see Rural Development Act)

21. Are these boundaries within the city’s Central Business District (CBD)? If yes, please skip to question 23. If no, please proceed to question 22.

22. Obtain a justification related to the mission of this office for not locating within the CBD.

23. Are there any requirements for proximity to public transportation?

24. Are there any setback requirements (ex. residential, day care, churches, etc)?

Hours of Operation

25. Weekday hours of operation:

26. Weekend hours of operation: Not Applicable ☐ Notes:
Agency Long Term Space Requirements
Needs Interview Questionnaire

27. After hours access required: Yes ☐ No ☐ Notes:

28. After hours utilities required: Yes ☐ No ☐ Notes:

29. Are after hours ☐ or daytime ☐ cleaning services required? To be included in the lease ☐ Notes:

Security
1. Agency’s Security Level: Unknown ☐ Notes: (FPS Level for current Lease )

2. Unique Security Constraints: Yes ☐ No ☐ Notes:

3. Security constraints that limit the use of signage, American flags, and symbols that may indicate the presence of a federal agency? Yes ☐ No ☐ Notes:

4. How does the agency want to manage employee access to the space? Keys ☐, Cards ☐, Other

5. Does the agency need to manage visitor access to the space? Yes ☐ No ☐ Notes:

Parking
6. Number of parking spaces required *Government Owned Vehicles Only (Included on SF-81 & Rent)
   a. Security Needs: Gate Controlled ☐, Fenced ☐, or Visually Private ☐
   b. Location: Inside Basement ☐, Outside Surface ☐, Outside Structured ☐, or No Preference ☐

7. Number of employee &/or visitor parking spaces *Privately Owned Vehicles (Not on SF-81 & Rent)
   a. Parking to be within miles of the building.

8. Bicycle parking Yes ☐ No ☐ Notes:

Existing Space

Basic Information
1. Would the agency like to remain in their current space if possible? Yes ☐ No ☐ Notes:

2. Is the agency satisfied with the current space and space configuration? Yes ☐ No ☐ Notes:

3. What works with the current space?

4. What does not work with the current space?

5. Has the Lessor’s performance been acceptable? Yes ☐ No ☐ Notes:
Agency Long Term Space Requirements
Needs Interview Questionnaire

6. Are there any outstanding maintenance issues that the agency would like us to address with your existing space?
   Yes ☐  No ☐  Notes:

Existing Space Modifications

7. List of requirements for the current space, in the event the agency remains at the same location:
   a. Re-Paint Yes ☐  No ☐  Notes:
   b. Re-Carpet Yes ☐  No ☐  Notes:
   c. Security Changes Yes ☐  No ☐  Notes:
   d. Swing space required during needed alterations Yes ☐  No ☐  Notes:
   e. Additional Needs

8. If the agency were to relocate, are there any significant or non-standard items that would have to be moved or replicated in the new space?

New Space

Building / Site

1. Does the agency need to be co-located with another agency or department? Yes ☐  No ☐  Notes:

2. Must the space be contained in one contiguous block without being split by a public corridor? Yes ☐  No ☐  Notes:

3. Column spacing requirement: Yes ☐  No ☐  Span

4. Must the space be located on a particular floor of a building? Yes ☐  No ☐  Notes:

5. External adjacency requirements (ex. proximity to courthouses, etc.) Yes ☐  No ☐  Notes:

6. Proximity to amenities / building support services? Not Applicable ☐
   a. Food Service ☐, Fitness Center ☐, Credit Union ☐, &/or Onsite Health Unit ☐
   b. Other:

7. Proximity to mass transit? Yes ☐  No ☐  Distance away in miles:

8. Preference for a Class of Building? Class A ☐, Class B ☐, Class C/Flex ☐, & / or no preference ☐
   Notes:
Agency Long Term Space Requirements
Needs Interview Questionnaire

9. Does the agency require the ability to display signage? Interior □ Exterior □ Not Applicable □
10. Does the agency require a business directory? Yes □ No □
11. Does the agency require on-site vending machines? Yes □ No □
12. Does the agency require a flag pole? Yes □ No □
13. Ceiling Height Minimum Clearance:

Construction & Finishes

14. Requirement for window coverings such as blinds □ or draperies □? No Preference □ Notes:
15. How frequently would the agency like the space re-carpeted? (Typically every 5-10 years)
16. How frequently would the agency like the space re-painted? (Typically every 5-10 years)
17. Are floor grills or grates required to control outside dirt from external entryways? Yes □ No □
18. Does the agency have any sustainability goals beyond the existing regulations, existing laws, and Executive Orders in effect? Yes □ No □ Notes:
19. Sealed conduit for telecommunications: Yes □ No □ Notes:
20. Unique HVAC requirements: Yes □ No □ Notes:
   a. Server Room? Yes □ No □ Notes:
   b. Mail Room? Yes □ No □ Notes:
   c. Other? Yes □ No □ Notes:
21. Antennas or a satellite dish on the roof: Yes □ No □ Notes:
22. Warehouse: Yes □ No □ Notes:
23. Loading Dock: Yes □ No □ Notes:
24. Freight Elevator: Yes □ No □ Notes:

Project Schedule

1. Does the agency require pre-occupancy tenant access for the set-up of equipment? Yes □ No □
   Number of days needed
2. Will the agency prepare the DIDs (Design Intent Drawings?) Yes □ No □
3. Days agency needs to prepare the DIDs: Business Days
Agency Long Term Space Requirements
Needs Interview Questionnaire

4. Days agency needs to review the DIDs, if the Lessor generates them: Business Days
5. Days agency needs to review DID changes: Business Days
6. Days agency needs to review the Construction Documents (CDs): Business Days
7. Days agency needs to review modifications to the CDs: Business Days
8. Days agency needs to review the RLP (previously known as the SFO): Business Days

DID Workshops
DID workshops are 1-3 day meetings held after award hosted by the Lessor with their architect. During this meeting, the agency and the Lessor’s architect develop and finalize the Design Intent Drawing. This process can substantially speed up the post award design process and can take months off of the project time, allowing the agency to occupy their space sooner. DID workshops also provide for a more collaborative design process resulting in a design that will better meet the needs of the agency which increases overall satisfaction with the space. In order for this process to be successful, the agency must bring all of the “decision makers” to the meeting and be prepared to approve the DID.

1. Is the agency willing to participate in a DID workshop? Yes ☐ No ☐ Notes:
2. Who are the individuals that will need to participate in the workshop in order to approve the DIDs?

Please Note: Agencies must agree to the DID workshop prior to issuance of the RLP in order to ensure that the Lease document contains the proper clauses.

Turn-Key Leasing
Turn-key leasing offers numerous advantages over the traditional TI Allowance method. Turn-key leasing involves GSA and the agency fully developing the agency’s tenant improvement requirements at the beginning of the project. These requirements are packaged into the “Agency Specific Requirements Package” which is then released to the Offerors as part of the Request for Lease Proposal (formally known as the SFO). The Offerors then submit costs for the tenant improvements required instead of using a generic allowance number. This means that the agency will know the actual cost of the tenant improvements including any RWA funding required prior to the Government awarding a contract. Turn-key leasing also offers much shorter project cycles due to a significantly shorter post award design and construction period. Turn-key leasing can be done when the agency is willing to assist GSA with completing the ASRP template with 4 main types of information: 1) a room schedule with sizes, 2) a sample layout, 3) special build-out requirements, and 4) general requirements. The leasing process can be drastically reduced for small to medium sized leases compared to our standard model using the tenant improvement allowance process. Are you willing to provide GSA with this information?

Room Schedule and Details
Space Breakdown (Provide quantity, size, and finishes information). Standard office space finishes are specified below. If the space uses standard finishes, check that box. If non-standard finishes are required, specify them below.
Agency Long Term Space Requirements
Needs Interview Questionnaire

Standard Office Finishes:
Flooring Type: Carpet Tile
Wall Finish Type: Paint
Wall Type (Interior Partitions): Ceiling Height
Ceiling Type: Acoustical Tile
Quantity duplex electrical outlets (Offices): 4
Quantity data outlets (Offices): 2

1. **Offices: Private Walled-in:** Quantity & Size Standard Finishes? Yes ☐ No ☐
   a. Flooring type
   b. Wall finish type
   c. Ceiling type
   d. Quantity duplex electrical outlets
   e. Quantity data outlets
   f. Wall Type:
   g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
   h. Additional Needs:

2. **Offices: Open Workstations (cubicles):** Quantity & Size Standard Finishes? Yes ☐ No ☐
   a. Flooring type
   b. Wall finish type
   c. Ceiling type
   d. Quantity duplex electrical outlets
   e. Quantity data outlets
   f. Wall Type (if other than standard specified by code):
   g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
   h. Additional Needs:

3. **Conference Room(s):** Quantity & Size
   a. Flooring type
   b. Wall finish type
Agency Long Term Space Requirements
Needs Interview Questionnaire

c. Ceiling type
d. Quantity duplex electrical outlets
e. Quantity data outlets
f. Wall Type (if other than standard specified by code):
g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
h. Additional Needs:

4. Reception Room:
   Quantity & Size
   Standard Finishes? Yes ☐ No ☐
   a. Flooring type
   b. Wall finish type
   c. Ceiling type
d. Quantity duplex electrical outlets
e. Quantity data outlets
f. Wall Type (if other than standard specified by code):
g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
h. Additional Needs:

5. Server Room:
   Quantity & Size
   Standard Finishes? Yes ☐ No ☐
   a. Flooring type
   b. Wall finish type
   c. Ceiling type
d. Quantity duplex electrical outlets
e. Quantity data outlets
f. Wall Type (if other than standard specified by code):
g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
h. Additional Needs:

6. Storage Room:
   Quantity & Size
   Standard Finishes? Yes ☐ No ☐
   a. Flooring type
b. Wall finish type

c. Ceiling type

d. Quantity duplex electrical outlets

e. Quantity data outlets

f. Wall Type (if other than standard specified by code):

g. Sound Transmission Coefficient (STC) Requirement (if other than standard):

h. Additional Needs:

7. **File Room:** Quantity & Size
   Standard Finishes? Yes ☐ No ☐

   a. Flooring type

   b. Wall finish type

   c. Ceiling type

   d. Quantity duplex electrical outlets

   e. Quantity data outlets

   f. Floor load for safe or files:

   g. Wall Type (if other than standard specified by code):

   h. Sound Transmission Coefficient (STC) Requirement (if other than standard):

   i. Additional Needs:

8. **Mailroom:** Quantity & Size
   Standard Finishes? Yes ☐ No ☐

   a. Flooring type

   b. Wall finish type

   c. Ceiling type

   d. Quantity duplex electrical outlets

   e. Quantity data outlets

   f. Wall Type (if other than standard specified by code):

   g. Sound Transmission Coefficient (STC) Requirement (if other than standard):

   h. Additional Needs:
9. **Breakroom**: Quantity & Size
   - Standard Finishes? Yes □ No □
   - a. Flooring type
   - b. Wall finish type
   - c. Ceiling type
   - d. Quantity duplex electrical outlets
   - e. Quantity data outlets
   - f. Sink □, Microwave □, Refrigerator (dorm size □ standard size □), Cabinets □
   - g. Seating for people
   - h. Wall Type (if other than standard specified by code):
   - i. Sound Transmission Coefficient (STC) Requirement (if other than standard):
   - i. Additional Needs:

10. **Space for Copiers, Fax, Bookshelves, & Shared Printer Stations**: Quantity & Size
    - a. Flooring type
    - b. Wall finish type
    - c. Ceiling type
    - d. Quantity duplex electrical outlets
    - e. Quantity data outlets
    - f. Wall Type (if other than standard specified by code):
    - g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
    - h. Additional Needs:

11. **Reception / Entry Space**: Quantity & Size
    - Standard Finishes? Yes □ No □
    - a. Flooring type
    - b. Wall finish type
    - c. Ceiling type
    - d. Quantity duplex electrical outlets
    - e. Quantity data outlets
Agency Long Term Space Requirements
Needs Interview Questionnaire

f. Wall Type (if other than standard specified by code):
g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
h. Additional Needs:

12. **Additional unique spaces or functions** (e.g. laboratory, handling of hazardous wastes, weapons / evidence storage, & etc.): Quantity & Size
   a. Flooring type
   b. Wall finish type
   c. Ceiling type
   d. Quantity duplex electrical outlets
   e. Quantity data outlets
   f. Wall Type (if other than standard specified by code):
g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
h. Additional Needs:

13. **Video Conferencing Equipment**: Yes ☐ No ☐

14. **Internal (departments or other) space adjacencies required**: Yes ☐ No ☐ Notes:

**Design Schematic Layout (recommended, but not required for the Streamlined model TI allowance option)**
1. Do you have a required layout for this office? Yes ☐ No ☐ Notes:
2. Do you have any adjacency plans? Yes ☐ No ☐ Notes:

Note: If the agency cannot supply a sample layout, check other recent projects for that agency for potential layouts that can be used. If no layout is available, contact appropriate GSA staff to help them develop one.

**Special Requirements**
1. Do you have any specialty items which are not standard to an office? Yes ☐ No ☐ Notes:
2. Do you have construction specifications for these items? Yes ☐ No ☐ Notes:

**General Requirements**
1. Do you have any special IT requirements or standards other than specified above? Yes ☐ No ☐ Notes:
   Are cable trays or “J” hooks required? Yes ☐ No ☐ Notes/specify:
Agency Long Term Space Requirements
Needs Interview Questionnaire

Who is purchasing data cable?  Landlord ☐ Agency ☐ Notes:

Who is responsible for installing data cable? Landlord ☐ Agency ☐ Notes:

Who is purchasing telecommunications cable? Landlord ☐ Agency ☐ Notes:

Who is responsible for installing telecommunications cable? Landlord ☐ Agency ☐ Notes:

Are sealed conduits required for wall mounted outlets? Yes ☐ No ☐ Please specify locations or "back to demark." Notes:

Who is responsible for termination data/telecommunication connections? Landlord ☐ Agency ☐ Notes:

Is supplemental cooling required for IT/Server rooms? Yes ☐ No ☐ Notes/specify equipment:

Who will be purchasing Systems and office furniture? GSA ☐ Agency ☐ Notes:

<table>
<thead>
<tr>
<th>Are cable trays required?</th>
<th>Who is purchasing data cable?</th>
<th>Who is responsible for installing data cable?</th>
<th>Who is purchasing telecommunications cable?</th>
<th>Who is responsible for installing telecommunications cable?</th>
<th>Are sealed conduits required for wall mounted outlets?</th>
<th>Who is responsible for terminating data/telecommunication connections?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Agency</td>
<td>Landlord</td>
<td>Agency</td>
<td>Landlord</td>
<td>Yes, back to demark</td>
<td>Landlord</td>
</tr>
</tbody>
</table>

2. Do you have any special security requirements (intrusion detection system, access control system, etc.) Yes ☐ No ☐ Notes:
The LPS worksheet is intended to assess the agency’s need to lease small healthcare space, office space, storage space, service space, parking lots or space, and other miscellaneous real property acquired under P.L. 94-437 and/or P.L. 93-638 from tribes/tribal organizations. All lease applications to lease new, expanded, or replacement space, as well as to renew existing agreements for IHS programs are reviewed by the LPS Committee using this worksheet. Although not every section of the worksheet may be applicable to every action, Area Offices should complete the worksheet as fully as applicable. In addition, the Area Office should submit any other additional documentation to support or explain the need for the proposed program space.

1. **Location**

| Name of Facility (if applicable) | ________________________________ |
| Installation Number | ________________________________ |
| Building Number | ________________________________ |
| City | ________________________________ |
| State | ________________________________ |
| ARSUFA (Area-Service Unit-Facility) | ________________________________ |
| Reservation/Communities Served | ________________________________ |
| Nearest Existing HIS/Tribal Facility | ________________________________ |
| Distance from proposed site | ________________________________ |

2. **Provide brief narrative of current programs and objectives**


3. **Current Space in the Service Unit**

   a. Existing Program Space: ________________________________ (SM)
   b. Existing M&I Supported Space: ________________________________ (SM)
   c. Existing Equipment Supported Space: ________________________________ (SM)
   d. Maximum Supportable Space value (calculated using HSP or formula): ____________________ (SM)
e. Total Program Space with the proposed lease action should not exceed the maximum supportable space value. If so, please explain why the additional space is justified. The explanation needs to be in sufficient detail for the LPS Committee to understand the intent, program requirements, any program changes, etc. Include supporting planning data that justifies the requirement for additional space calculated using HSP or another acceptable planning methodology.

4. Proposed Lease Action

a. Lease Type - check as appropriate:

- Tribally-Owned Government-Operated Space
- Tribally-Owned Tribally-Operated Space

b. Lease Period:

- Start Date _____________ (mo/yr)
- End Date _____________ (mo/yr)
- Term/Length _____________ (years)
- Options _____________ (number of option periods)

c. Leasing Action - check as appropriate

- Renewal of existing space
- Current Lease Rental Cost _____________ ($)
- Current Lease Period: _____________ (mo/yr) to _____________ (mo/yr)
- Current Lease O & M Costs _____________ ($)

- Additional lease space to existing lease
- New lease space to replace existing leased space
- New lease space to support new requirement
- Other - explain
d. Use check as appropriate:

- Healthcare
- Office/Administrative
- Warehouse/Storage
- Housing
- Parking
- Other - explain

---

e. Tribal Lessor (if known): ______________  (Attach tribal resolution – if applicable)


1. Net Square Meters: _____________________
2. Gross Square Meters: _____________________
3. Hectares: _____________________
4. Parking Spaces: _____________________
5. Other Unit Measure: _____________________

---

g. Type of Lease - check as appropriate:

- Nominal cost lease
- No cost lease
- Full service

h. What is the estimated cost of the action?

1. Total lease cost: _____________________ ($/yr)
2. Maintenance and repair cost if not full service lease: _____________________ ($/yr)
3. Utility cost if not included in the lease: _____________________ ($/yr)
4. Security: _____________________ ($/yr)
5. Other - explain:

---

---

i. List all utility, maintenance, repair, and security service costs, etc., the lessor will provide:

---

---

j. Attach Area Office Certification by the Area Financial Officer that funding for all costs associated with the lease action is available.
5. Service Unit Data

a. Service Unit Name: _______________________________

b. Service Area (as applicable): _______________________________

c. Tribe/Tribal Organization: _______________________________

d. User Population (this is not necessarily the number of registered members):

   (1) Using one of the following select the correct user populations range: Office of Public Health Support User Population Memorandum (MEMO), National Patient Information Reporting System (NPIRS), or Health System Planning (HSP) Population.

      Data Source: MEMO □ NPIRS □ HSP □

   (2) User Population Range (mark with X in the appropriate User Population Range and provide user population only for greater than 6000).

<table>
<thead>
<tr>
<th>User Population Range</th>
<th>Selection</th>
<th>User Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-138</td>
<td></td>
<td></td>
</tr>
<tr>
<td>139-275</td>
<td></td>
<td></td>
</tr>
<tr>
<td>276-587</td>
<td></td>
<td></td>
</tr>
<tr>
<td>588-900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>901-1319</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1320-6000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Greater than 6000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

e. Workload.

   The workload should reflect the most recent fiscal year (FY) workload from the NPIRS or other verifiable IHS sources. If using the HSP, the workload should be projected for the application year based on the user population and service areas. Other services should be included as needed to help clarify the service plan. This table should be adjusted according to the needs of the project. Only use the service drivers that apply to this application. The Area Facility Planning Officer can provide the HSP data.

   (1) Data Source: HSP □ NPIRS □ Other - Explain □ ________________

   (2) Workload Table:

<table>
<thead>
<tr>
<th>Service</th>
<th>Workload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider Visits</td>
<td></td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td></td>
</tr>
<tr>
<td>Dental Service Minutes</td>
<td></td>
</tr>
<tr>
<td>Other (specify i.e. Lab, DI (drug interaction), etc.)</td>
<td></td>
</tr>
</tbody>
</table>
6. Program Requirements

a. List the programs, service, planned use, etc. proposed for the leased space.

b. Are Contract Care funds viable alternative to meet the healthcare leasing requirements?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

c. Staffing

(1) List only those services that will be provided and the staff that will be working in the leased space. Provide the full time equivalents (FTE) in each service category, i.e. primary care provider, dental, pharmacist, etc.

<table>
<thead>
<tr>
<th>Services</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Total FTE</th>
<th>Days per Week</th>
<th>Hours per day</th>
<th>Hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ambulatory Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Information Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Nursing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Nutrition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Property &amp; Supply</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housekeeping</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Engineering</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optometry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visiting Specialists</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpreters</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other - list</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 5 of 9
d. How much space do the programs need based on existing staffing and funding level? (Staffing adjustment is acceptable for an anticipated increase in collections.) Programs identified should correspond with the programs listed under Item 6a. above).

<table>
<thead>
<tr>
<th>Program</th>
<th>Space Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

How is this data calculated (Small Ambulatory Care Facility Criteria, Health System Planning (HSP) software, square foot estimate per person, etc.)? Small Ambulatory Care Facility Criteria document would apply to user populations less than 1,300. For larger than 1,300 user populations, the HSP software is used to generate supportable space requests by Area Planners.

Small Ambulatory Care Facility Criteria ☐
HSP ☐
Other - Explain ☐

7. Planned Space

a. Facility Characteristics:

   (1) Type of Structure (brick, wood, CMU, etc.)? ______________
   (2) Number of stories? ______________
   (3) Year constructed? ______________

b. Condition of the Building/Space:

   (1) Does the space meet the minimum condition standard; e.g., is the building and the associated site free of major deficiencies including fire-life-safety, environmental, seismic, and structural?

       Yes ___  No ___

       Attached Certificate of Occupancy if available.

   (2) Does the space, at a minimum, meet national building codes, “Guidelines for Design and Construction of Hospital and Health Care Facilities”, GSA leasing criteria, etc.?

       Yes ___  No ___
(3) Does the space meet Architectural Barriers Act Accessibility Standards (ABAAS)? Generally all federally-funded, leased, or owned facilities, both inside and out, should comply with the minimum requirements of the ABAAS and the Rehabilitation Act. Guidelines and standards are available at the ADA Accessibility Guidelines for Buildings and Facilities (ADAAG) website. An exception to the ABAAS exists for existing facilities, sites, and buildings. The exception applies to tribal facilities leased by IHS if the building is not altered in any way. Although existing facilities do not have to comply with the current ABAAS, they do have to provide reasonable accommodations.

Yes ___    No ___

(4) Has the building been assessed and does it meet seismic standard/requirements?

Yes ___    No ___

(5) Does the building/space meet accreditation standards (if applicable)? Yes ___ No ___

(6) Explain any ‘no’ answer in sufficient detail to justify to the LPS Committee to recommend approval of the lease action in spite of these deficiencies.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(7) Explain any planned action by the lessor or the Area Office to address any of the above ‘no’ answers or other known deficiencies.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

(8) Are there other planned improvements, renovations, etc. to the space?

Yes ___    No ___

Explain if yes.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

C. Sustainability Checklist. Attach a preliminary HHS Exhibit II B.2 Sustainable Buildings Checklist for Lease Actions for the planned leased space.

d. Security. As the Area Office develops the Lease Priority System (LPS) application for new or renewal of existing leased space, the Area security specialist should review the lease space request and sign the LPS application certifying that any security measures for the leased space have been or will be met.

(1) What is the security level based on ISC Minimum Standards for Leased Space (I-IV). The security standards for leased buildings can be found at the GSA.gov website. At the search window type in security for leased space and the new security standards for government leased space can be found.
(2) Are any security requirements, upgrades, etc. needed for the space? If so, explain and the plan to address.

____________________________________________________________________________________

____________________________________________________________________________________

e. Is the proposed leased space in the Master Plan? If yes, indicate date of the Master Plan that justifies this space. If not, explain future plans for inclusion in master plan.

____________________________________________________________________________________

____________________________________________________________________________________

f. Attach site map, site plan, and floor plan drawings as appropriate highlighting the proposed leased space and which spaces will be used by IHS, tribal programs, and others.
8. Additional Review Signatures

Area Facility Planning Officer:

______________________________________________  __________
Name        Date

Area Physical Security Specialist:

______________________________________________  __________
Name        Date
IHS (Direct) Lease Space Requirements
Needs Interview Questionnaire

General Project Information (IHS Direct Leases)

Type of Lease Being Requested

1. Is this request for a succeeding lease to remain in the same location with the same amount of square footage with
minimal requirements? Yes ☐ No ☐

   Note; A response is required by NLT or request will be made to the tribe upon approval from LPS.

2. Is the request for new space not currently in the IHS Inventory? Yes ☐ No ☐

   2a. If space is new space or modification to the space are being requested other than carpet and paint please
   complete the applicable parts on the remainder of the form below

Existing Space

Basic Information

1. Would we like to remain in the current space if possible? Yes ☐ No ☐ Notes:

2. Are we satisfied with the current space and space configuration? Yes ☐ No ☐ Notes:

3. What works with the current space?

4. What does not work with the current space?

5. Has the Lessor’s performance been acceptable? Yes ☐ No ☐ Notes:

6. Are there any outstanding maintenance issues that you would like us to address in the existing space? Yes ☐
   No ☐ Notes:

Existing Space Modifications

7. List of requirements for the current space, if we are to remain at the same location:

   a. Re-Paint Yes ☐ No ☐ Notes:

   b. Re-Carpet Yes ☐ No ☐ Notes:

   c. Security Changes Yes ☐ No ☐ Notes:

   d. Swing space required during needed alterations Yes ☐ No ☐ Notes:

   e. Additional Needs
8. If the agency were to relocate, are there any significant or non-standard items that would have to be moved or replicated in the new space?

---

**New Space**

**Basic Information**

1. Brief description of the location’s daily operations and functions (e.g. typical office, interactions with the public, medical clinic, OEHE Office, etc.) (please be as specific as possible)

2. Purpose of this project:

3. Constraints: Budget ☐, Resources ☐, Schedule ☐, Organizational Change ☐, & Mission Change ☐
   a. Notes:

4. Total Staff / Headcount: Current ☐ Future ☐

5. For restroom calculations: New location percentage of staff women %, staff men %

6. Furniture: Move Existing ☐ or Buy New ☐

**New Lease Term**

7. Full Term ☐

8. Firm Term (Period Tenant Improvements (Tis) are paid off) ☐

9. Have potential office consolidations and closings been considered? Yes ☐ No ☐ Notes:

10. Has Federal Space been considered to be in compliance with EO 12072 Yes ☐ No ☐ Notes:

**Square Footage**

11. Total Usable Square Footage Requested (170 SF X # FTE’s)

12. Is circulation accounted for in the square footage? Yes ☐ No ☐ Notes:
   a. Typically Circulation is calculated as 15-25% of the total USF requested. (Do not add circulation to the USF submitted. The initial USF submitted will be adjusted depending on the layout of the building and if we 100%occupy the facility.)
13. Does this square footage account for agency-wide space reduction goals? Yes □ No □ Notes:

**Delineated Area Boundaries** (Must form a complete closed loop of connecting streets)

Requested Delineated Area:

14. North:
15. East:
16. South
17. West:
18. Is this area within a rural county?
19. Are these boundaries within the city’s Central Business District (CBD)? Yes □ No □
20. Provide a justification related to the mission of this office for not locating within the CBD.
21. Are there any requirements for proximity to public transportation?
22. Are there any setback requirements (ex. residential, day care, churches, etc)?

**Hours of Operation**

23. Weekday hours of operation:
24. Weekend hours of operation: Not Applicable □ Notes:
25. After hours access required: Yes □ No □ Notes:
26. After hours utilities required: Yes □ No □ Notes:
27. Are after hours □ or daytime □ cleaning services required? To be included in the lease □ Notes:

**Security**

1. Security Level: Unknown □ Notes: (FPS Level for current Lease □)
2. Unique Security Constraints: Yes □ No □ Notes:
3. Security constraints that limit the use of signage, American flags, and symbols that may indicate the presence of a federal agency? Yes □ No □ Notes:
4. How do we want to manage employee access to the space? Keys □, Cards □, Other
5. Does the agency need to manage visitor access to the space? Yes □ No □ Notes:
IHS (Direct) Lease Space Requirements
Needs Interview Questionnaire

Parking
6. Number of parking spaces required *Government Owned Vehicles Only (Included on SF-81 & Rent)
   a. Security Needs: Gate Controlled ☐, Fenced ☐, or Visually Private ☐
   b. Location: Inside Basement ☐, Outside Surface ☐, Outside Structured ☐, or No Preference ☐
7. Number of employee &/or visitor parking spaces *Privately Owned Vehicles (Not on SF-81 & Rent)
   a. Parking to be within ________ miles of the building.
8. Bicycle parking Yes ☐ No ☐ Notes:

Building / Site
1. Must the space be contained in one contiguous block without being split by a public corridor? Yes ☐ No ☐
   Notes:
2. Column spacing requirement: Yes ☐ No ☐ Span
3. Must the space be located on a particular floor of a building? Yes ☐ No ☐ Notes:
4. External adjacency requirements (ex. proximity to Hospitals, Area office, etc.) Yes ☐ No ☐ Notes:
5. Proximity to amenities / building support services? Not Applicable ☐
   a. Food Service ☐, Fitness Center ☐, Credit Union ☐, &/or Onsite Health Unit ☐
   b. Other:
6. Proximity to mass transit? Yes ☐ No ☐ Distance away in miles:
7. Preference for a Class of Building? Class A ☐, Class B ☐, Class C/Flex ☐, & / or no preference ☐
   Notes:
8. Do we require the ability to display signage? Interior ☐ Exterior ☐ Not Applicable ☐
9. Do we require a business directory? Yes ☐ No ☐
10. Do we need/require on-site vending machines? Yes ☐ No ☐
11. Do we require a flag pole? Yes ☐ No ☐
12. Ceiling Height Minimum Clearance:
Construction & Finishes

13. Requirement for window coverings such as blinds ☐ or draperies ☐? No Preference ☐ Notes:

14. How frequently would we like the space re-carpeted? (Typically every 5-10 years)

15. How frequently would we like the space re-painted? (Typically every 5-10 years)

16. Are floor grills or grates required to control outside dirt from external entryways? Yes ☐ No ☐

17. Are there any sustainability goals beyond the existing regulations, existing laws, and Executive Orders in effect? Yes ☐ No ☐ Notes:

18. Sealed conduit for telecommunications: Yes ☐ No ☐ Notes:

19. Pull Strings?: Yes ☐ No ☐ Notes:

20. J hooks or cable trays? Yes ☐ No ☐ Notes:

21. Unique HVAC requirements: Yes ☐ No ☐ Notes:
   a. Server Room? Yes ☐ No ☐ Notes:
   b. Additional HVAC requirements for Server Room Yes ☐ No ☐ Notes:
   c. Other? Yes ☐ No ☐ Notes:

22. Antennas or a satellite dish on the roof: Yes ☐ No ☐ Notes:

23. Ware yard: Yes ☐ No ☐ Notes:

24. Loading Dock: Yes ☐ No ☐ Notes:

25. Freight Elevator: Yes ☐ No ☐ Notes:

Project Schedule

1. Do we require pre-occupancy tenant access for the set-up of equipment? Yes ☐ No ☐
   Number of days needed

2. Will IHS prepare the conceptual floor plan otherwise known as DIDs (Design Intent Drawings?) Yes ☐ No ☐

3. Days agency needs to prepare the DIDs: Calendar Days

4. Days needed to review the DIDs, if the Lessor generates them: Calendar Days

5. Days needed to review DID changes: Calendar Days

6. Days needed to review the Construction Documents (CDs): Calendar Days
7. Days needed to review modifications to the CDs: Calendar Days

8. Days area/service unit needs to review the RLP (previously known as the SFO): Calendar Days

---

**Design Intent Drawings (DID) Workshops**

DID workshops are 1-3 day meetings held after award hosted by the Lessor with their architect. During this meeting, the agency and the Lessor’s architect develop and finalize the Design Intent Drawing. This process can substantially speed up the post award design process and can take months off of the project time, allowing the agency to occupy their space sooner. DID workshops also provide for a more collaborative design process resulting in a design that will better meet the needs of the agency which increases overall satisfaction with the space. In order for this process to be successful, the agency must bring all of the “decision makers” to the meeting and be prepared to approve the DID.

1. Does the area want to entertain DID workshop? Yes ☐ No ☐ Notes:

2. Who are the individuals with decision making authority that will need to participate in the workshop in order to approve the DIDs?

---

**Room Schedule and Details**

Space Breakdown (Provide quantity, size, and finishes information). Standard office space finishes are specified below. If the space uses standard finishes, check that box. If non-standard finishes are required, specify them below.

**Standard Office Finishes:** Yes ☐ No ☐ Notes:

**Flooring Type:** Carpet Tile Yes ☐ No ☐ Other:

**Wall Finish Type:** Paint Yes ☐ No ☐ Other:

**Wall Type (Interior Partitions):** Ceiling Height

**Ceiling Type:** Acoustical Tile Notes:

**Quantity duplex electrical outlets (Offices/Exam Rooms):** Quantity Notes:

**Quantity data outlets (Offices/Exam Room):** Quantity Notes:

1. **Offices: Private Walled-in:** Quantity & Size Standard Finishes? Yes ☐ No ☐
   a. Flooring type 
   b. Wall finish type 
   c. Ceiling type 
   d. Quantity duplex electrical outlets 

---

Version Date 4/23/2018
### IHS (Direct) Lease Space Requirements
#### Needs Interview Questionnaire

- **e.** Quantity data outlets
- **f.** Wall Type:
- **g.** Sound Transmission Coefficient (STC) Requirement (if other than standard):
- **h.** Additional Needs/Equipment List:

<table>
<thead>
<tr>
<th>2. <strong>Offices: Open Workstations (cubicles):</strong></th>
<th>Quantity &amp; Size</th>
<th>Standard Finishes? Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Flooring type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Wall finish type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Ceiling type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Quantity duplex electrical outlets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Quantity data outlets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Wall Type (if other than standard specified by code):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Sound Transmission Coefficient (STC) Requirement (if other than standard):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. Additional Needs:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. <strong>Conference Room(s):</strong></th>
<th>Quantity &amp; Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Flooring type</td>
<td></td>
</tr>
<tr>
<td>b. Wall finish type</td>
<td></td>
</tr>
<tr>
<td>c. Ceiling type</td>
<td></td>
</tr>
<tr>
<td>d. Quantity duplex electrical outlets</td>
<td></td>
</tr>
<tr>
<td>e. Quantity data outlets</td>
<td></td>
</tr>
<tr>
<td>f. Wall Type (if other than standard specified by code):</td>
<td></td>
</tr>
<tr>
<td>g. Sound Transmission Coefficient (STC) Requirement (if other than standard):</td>
<td></td>
</tr>
<tr>
<td>h. Additional Needs:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. <strong>Reception Room/Area:</strong></th>
<th>Quantity &amp; Size</th>
<th>Standard Finishes? Yes ☐ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Flooring type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Wall finish type</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Version Date: 4/23/2018
IHS (Direct) Lease Space Requirements
Needs Interview Questionnaire

c. Ceiling type
d. Quantity duplex electrical outlets
e. Quantity data outlets
f. Wall Type (if other than standard specified by code):
g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
h. Additional Needs:

5. **Server Room**: Quantity & Size Standard Finishes? Yes □ No □
   a. Flooring type
   b. Wall finish type
c. Ceiling type
d. Quantity duplex electrical outlets
e. Quantity data outlets
f. Wall Type (if other than standard specified by code):
g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
h. Additional Needs:

6. **Storage Room**: Quantity & Size Standard Finishes? Yes □ No □
   a. Flooring type
   b. Wall finish type
c. Ceiling type
d. Quantity duplex electrical outlets
e. Quantity data outlets
f. Wall Type (if other than standard specified by code):
g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
h. Additional Needs:

7. **File Room/Nurses Stations**: Quantity & Size Standard Finishes? Yes □ No □
   a. Flooring type
b. Wall finish type

c. Ceiling type

d. Quantity duplex electrical outlets

e. Quantity data outlets

f. Equipment list:

g. Floor load for safe or files:

h. Wall Type (if other than standard specified by code):

i. Sound Transmission Coefficient (STC) Requirement (if other than standard):

j. Additional Needs:

8. **Pharmacy**: Quantity & Size

 a. Flooring type

 b. Wall finish type

 c. Ceiling type

 d. Quantity duplex electrical outlets

 e. Quantity floor electrical outlets

 f. Quantity data outlets

 g. Wall Type (if other than standard specified by code):

 h. Pharmacy window requirements.

 i. Sound Transmission Coefficient (STC) Requirement (if other than standard):

 j. Equipment list:

 k. Additional Needs:

9. **Breakroom**: Quantity & Size

 a. Flooring type

 b. Wall finish type

 c. Ceiling type

 d. Quantity duplex electrical outlets
e. Quantity data outlets

f. Sink [], Microwave [], Refrigerator (dorm size [], standard size [],) Cabinets []

i. Seating for people

g. Wall Type (if other than standard specified by code):

h. Sound Transmission Coefficient (STC) Requirement (if other than standard):

i. Additional Needs:

10. **Space for Copiers, Fax, Bookshelves, & Shared Printer, Scales, Triage:** Quantity & Size

   a. Flooring type

   b. Wall finish type

   c. Ceiling type

   d. Quantity duplex electrical outlets

   e. Quantity data outlets

   f. Wall Type (if other than standard specified by code):

   g. Sound Transmission Coefficient (STC) Requirement (if other than standard):

   h. Additional Needs:

11. **Exam Rooms:** Quantity & Size Standard Finishes? Yes [] No []

   a. Flooring type

   b. Wall finish type

   c. Ceiling type

   d. Quantity duplex electrical outlets

   e. Quantity data outlets

   f. Wall Type (if other than standard specified by code):

   g. Sound Transmission Coefficient (STC) Requirement (if other than standard):

   h. Equipment list:

   i. Additional Needs:
12. **Additional unique spaces or functions** (e.g. laboratory, Patient Interview.) : Quantity & Size

   a. Flooring type
   b. Wall finish type
   c. Ceiling type
   d. Quantity duplex electrical outlets
   e. Quantity data outlets
   f. Wall Type (if other than standard specified by code):
   g. Sound Transmission Coefficient (STC) Requirement (if other than standard):
   h. Additional Needs:

13. **Video Conferencing Equipment**: Yes ☐ No ☐

14. **Internal (departments or other) space adjacencies required**: Yes ☐ No ☐ Notes:

**Design Schematic Layout (recommended, but not required for the Streamlined model TI allowance option)**

1. Do you have a required layout for this office? Yes ☐ No ☐ Notes:
2. Do you have any adjacency plans? Yes ☐ No ☐ Notes:

   Note: If the agency cannot supply a sample layout, check other recent projects for that agency for potential layouts that can be used. If no layout is available, contact appropriate GSA staff to help them develop one.

**Special Requirements**

1. Do you have any specialty items which are not standard to an office? Yes ☐ No ☐ Notes:
2. Do you have construction specifications for these items? Yes ☐ No ☐ Notes:

**IT Specific Requirements**

1. Do we have any special IT requirements or standards other than specified above? Yes ☐ No ☐ Notes:
2. Are sealed conduits required for wall mounted outlets? Agency ☐ Landlord ☐ Notes
3. Will IT be done by IHS, IHS Contractor, or landlord Agency ☐ Landlord ☐ Notes
4. Who is purchasing data cable? Agency ☐ Landlord ☐ Notes:
5. Who is responsible for installing data cable? Agency ☐ Landlord ☐ Notes:
6. Who is purchasing telecommunications cable? Agency ☐ Landlord ☐ Notes:

7. Who is responsible for installing telecommunications cable? Agency ☐ Landlord ☐ Notes:

8. Are sealed conduits required for wall mounted outlets? Agency ☐ Landlord ☐ Notes: Please specify locations or “back to demark”:

9. Who is responsible for termination data/telecommunication connections? This question should specify “agency” or “landlord.”

<table>
<thead>
<tr>
<th>Are cable trays required?</th>
<th>Who is responsible for purchasing data cable?</th>
<th>Who is responsible for installing telecommunications cable?</th>
<th>Who is responsible for installing telecommunications cable?</th>
<th>Are sealed conduits required for wall mounted outlets?</th>
<th>Who is responsible for terminating data/telecommunication connections?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>Agency</td>
<td>Landlord</td>
<td>Agency</td>
<td>Landlord</td>
<td>Yes, back to demark</td>
</tr>
</tbody>
</table>

10. Do you have any special security requirements (intrusion detection system, access control system, etc.) Yes ☐

    No ☐ Notes:
PROJECT DESCRIPTION

A. PROJECT DEFINITION/STATEMENT OF NEED:

1. Requiring Area(s): ______
2. Location of proposed pending action: ______ (AREA TO PROVIDE ADDRESS)
3. Project background/trigger event: ______ (Area to describe need)
4. Requirement Action Type:
   - New Requirement
   - Continuing Need/New replacement lease
     - Full and Open Competition (GSAM 570.3)
     - Source Selection Procedures:
       - Lowest Price Technically Acceptable
       - Best Value (Tradeoff)
   - Other Than Full and Open Competition
     - PL 94-437 Lease
     - PL 94-638 Lease
   - Mission-Based Rationale for Limiting Competition When New Requirement Other than IHS Special Authorities
     - Describe the mission-based rationale ______
   - Unusual and Compelling Urgency
     - Describe the unusual and compelling urgency: ______
   - Continuing Need/other
     - Succeeding Lease (GSAM 570.402)
     - Superseding (GSAM 570.404)
     - Describe the purpose of the superseding lease: ______
     - Extension (GSAM 570.405)
     - Select the purpose of the extension:
Construction Delay
Customer DID Prep. Delay
Lack of Agency Funding
Lack of Agency POR
Lessor Delay
Market Conditions
Strategic Portfolio Scheduling
Tactical Considerations
Other (workload, emergency, etc.)

Describe:

Describe follow-on action for long-term housing solution, if applicable.

☐ IS there a Renewal Option (GSAM 570.401)

☐ Evaluated ☐ Unevaluated

☐ Expansion (GSAM 570.403)

Within Scope? ☐ Yes. Describe _____
☐ No. Will prepare an OTFO justification.

☐ Other. Explain? _____

5. Estimated Square Footage to be Acquired RSF; ABOA (Square footage to be occupied and approved by LPS)

If Requirement Action Type is not a “New Requirement”, provide the following:

a) Current lease number N/A
b) Building name and address

c) Current square footage ______RSF; ______ ABOA.
d) Current annual rent rate $_____ /RSF

e) Lease expiration is _____
f) If applicable, describe existing renewal option(s) ______

6. Delineated area considerations (Not applicable for extension or renewals)

☐ Has definable boundaries

☐ Does not unreasonably restrict competition

EO 12072

☐ Within CBA/fully in compliance
☐ Agency justification and city consultation process completed; no issues
☐ 12072 issues ongoing. Status: ______
☐ Within a rural area/EO 12072 not applicable

Wetlands and/or floodplains

☐ Are not present within delineated area
☐ Are present within delineated area
☐ Unknown

Other NEPA considerations ______

Federal inventory check
No vacant federally-controlled space available

Vacant federally-controlled space available, but not suitable due to ______

Describe any pending or unresolved issues. Describe any tenant improvements needed or requested, include scope of work and IGE.

7. **Lease Terms being requested:**
   a) Initial Term in Months ______
   b) Estimated Lease Term: From: ______   To: ______ (area to complete)
      i) Firm Term in Months ______
      ii) Soft Term in Months ______

8. **Estimated Total Contract Value Including Any Options**
   (Include all costs associated with lease in addition to rent when lease is not fully serviced)
   a) Initial Term:
      i) Firm Term: $XX.XX rate/rsf x XXX,XXX rsf = XXX,XXX (Annual Rent) x X years = $XX,XXX,XXX
      ii) Soft Term: $XX.XX rate/rsf x XXX,XXX rsf = XXX,XXX (Annual Rent) x X years = $XX,XXX,XXX
   b) Total Contract Value
      Firm Term Total $XX,XXX,XXX + Soft Term Total $XX,XXX,XXX + Total $XX,XXX,XXX = $XX,XXX,XXX
      Fully Serviced Y  N If "No," then Net of ______
      (Attach funding certification to include all costs associate with lease, operations, and tenant improvements)

9. **Initial Scoring Evaluation completed and attached**
   Y  N

10. **Prospectus Requirement Check**
   a) Is a prospectus required?  Y  N

11. **Funding Availability**
    a. Area Certification of Funds: signed by Area Finance?
       Y  N  Sent but not signed  N  Not required (Explanation)
    a) Lump Sum or an RWA Anticipated, (If GSA Project):
       Y  N  Describe purpose of Lump Sum or RWA
       N
    b) Has the Area budgeted for any move costs? (Area to complete)
       Y  N  N/A
B. COMMUNICATION PLAN (ADD TEAM MEMBERS AS NEEDED/REQUESTED)

1. Team Matrix.

<table>
<thead>
<tr>
<th>(Name/Email)</th>
<th>Role</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Stakeholder communication preferences. (Add Stakeholders as needed/requested)

<table>
<thead>
<tr>
<th>Audience</th>
<th>Approach</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area RO</td>
<td>Conf Call</td>
<td>Monthly</td>
</tr>
<tr>
<td>LCO</td>
<td>Phone/Email</td>
<td>Anytime as needed</td>
</tr>
<tr>
<td>(Provide lessor/lessor rep contact info) Phone/Email</td>
<td>Phone/Email</td>
<td>[Monthly, and at key project intervals such as market survey and award]</td>
</tr>
</tbody>
</table>

C. ACQUISITION STRATEGY/PLAN OF ACTION

1. How shall the acquisition be accomplished:

- [ ] In-house (IHS)
- [ ] General Services Administration

2. Results of Market Research

   a) The market research identified X (number) potential buildings within the delineated area that could satisfy the requirement.

   b) Market Rates in immediate area:

      i) Description of data attained for this market: [ ] Yes  [ ] No  [ ] Not available

      ii) Relevant published market data attained for this market: [ ] Yes  [ ] No  [ ] Not available

3. Is new lease construction probable?  [ ] Yes  [ ] No  If new construction is the only acceptable solution, discuss *site issues*.

4. Environmental/Energy Conservation Objectives: The lease resulting from this action will include "green" clauses in conformity with the Executive Orders.

- [ ] Yes  [ ] No

   If "NO" Area to explain:
5. **Security.** Has area determined the security level for this requirement taking into consideration the Interagency Security Council standards?

   The current security level is:

   The proposed security level is:

6. **Small Business Considerations.** If the lessor is a large business, then the lessor will be required to complete a Small Business Subcontracting Plan for inclusion as part of the lease. ☐ Yes ☐ No

7. **Delivery and Performance-Period Requirements.** The RLP will establish reasonable delivery and performance requirements. All buildings must meet the minimum requirements of the RLP/Lease.

8. **Discuss other matters, if any, pertinent to the Plan that are not covered elsewhere.** If none, indicate N/A.

9. **Lease Administration Post Occupancy:**

   a) Lease Enforcement through Area/Field Office: ☐ Yes ☐ No
   b) Tax and Operating Cost Escalations: ☐ Yes ☐ No (TBD)
   c) Separately Metered Utilities: ☐ Yes ☐ No (TBD)
   d) Delegated: ☐ Yes ☐ No

D. **ACQUISITION MILESTONES/ESTIMATED SCHEDULE (TBD AND ESTIMATED UPON APPROVAL FROM LPS)**

   (NUMBER OF DAYS INDICATE FROM THE COMPLETION OF THE PREVIOUS MILESTONE)

   1. LPS approval
   2. Market Survey Report Approval
   3. Issue Solicitation
   4. Receipt of initial offers
   5. Final Proposal Revisions Received
   6. Lease Award
   7. Lease Term Commencement
   8. Occupancy

E. **ATTACHMENTS (LCO TO COMPLETE)**

   ☐ Market Research
F. REVIEW, CONCURRENCE, AND APPROVAL.

Prepared by:

Typed Name ________________________________ Date ________________
Area Realty Officer/Leasing Specialist

Approved by:

Typed Name ________________________________ Date ________________
Lease Contracting Officer (LCO)

Concurred by:

Typed Name ________________________________ Date ________________
DES Deputy Director
Chief Finance Officer Lease Certification

Lease Action: □ GSA Assigned Space (GSA Space Specifications, Section XVI)
□ Direct Lease Action (Lease Priority System (LPS) Application, Exhibit I)

Lease Request: Specify type of action, such as:
□ Renewal – HFDS lease module information, lease number and address
   [Please enter HFDS lease module information]

□ Alteration project – HFDS lease module information, construction project scope
   [Please enter HFDS lease module information]

□ New lease action - proposed lessor/location
   [Please enter HFDS lease module information]

As the Budget Area Chief Finance Officer, I certify in accordance with Anti-Deficiency Act, Balanced and Deficit Control Act of 1985 and HHS Acquisition Policy Memorandum 2010-01, that upon lease approval from the Director, Division of Engineering Services, funds are available from the following accounting streams and accounts. These funds are solely for the purpose described in this document.

While certification addresses financial terms that cover multiple fiscal years, the agency’s financial obligations for years beyond the current year do not mature until the later year(s) are reached. Thus, there is no requirement that certifies current year funds are available to defray future year obligations. Future year obligations to pay rent is subject to the availability of funds, but the agency agrees to make a good faith effort to meet its obligations as they arise.

(INSERT EACH ACCOUNT USED TO FUND)

<table>
<thead>
<tr>
<th>CAN</th>
<th>BAP</th>
<th>OBJECT CLASS</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Example) PY Medicaid 0070000000RA/O</td>
<td>(Example) J54D149</td>
<td>(Sample) 7122540222</td>
<td></td>
</tr>
</tbody>
</table>

1. Estimated Total Contract Value (subject to Annual Appropriations)
2. Estimated Contract Costs for Current FY
3. Add’l annual costs unaccounted for in rent (i.e., M&I, O&M, and Operating costs paid by the Agency)

Comments:

If any additional information is required or should you have any questions regarding funding of the above lease or project, please contact me at (e-mail address, telephone number)

Signature ___________________________ Date ___________________________
(Printed Name, Title)

All lease applications must have this certification prior to review by DES. Lease applications without this certification will not be reviewed.
LAND LEASE REQUEST CHECKLIST

____ Cover Memo (Signed by AD)
____ Tribal Resolution
____ SF-81, Request for Space
____ Certification of Funds (Signed by Chief Finance Officer), if applicable
____ Acquisition Plan
____ PJD, POR and PJDQ
____ NEPA/Environmental Assessment
____ Title Status Report (TSR)
____ Documentation for any easements or encumbrances
____ Legal Land description
____ Survey (Stamped by Licensed Suveyor)

Discussions with the appropriate IHS LCO are highly encouraged during the acquisition planning stage prior to submission of Land lease requests to DES.

All completed submission packages are to be forward to DESLeasingPackageSubmission@ihs.gov for review and assignment to the LCO.