

U.S. General Services Administration

Needs Assessment Questionnaire

*Instructions: GSA associate contacts the customer to jointly develop the necessary requirements needed prior to a lease or A/E design award. This process was designed for the GSA associate and should not be sent to the customer. Prior to contacting the customer representative, assemble as much of the following information as is available.*

GSA Associate:

GSA Region:

I. Customer Information

Federal Agency: Department of the Interior

Department and/or Branch: Indian Affairs

AB Code(s): 1409

Customer Representative(s): Kim Covington

Position(s)/Title(s):  Building Management Specialist

Phone Number: (202) 208-6188

Mobile Number: (770) 595-6629

Fax Number: (703) 390-6582

E-Mail: Kim.Covington@bia.gov

DUNS\*:

TAS\*\*:

**Authorized to approve:** *If no, please note authorized approving official in space provided*

Formal Requirements Document [ ]  yes [ ]  no also Matthew.Cravatt@bia.gov

Project Management Plan [ ]  yes [ ]  no also Matthew.Cravatt@bia.gov

Customer Changes [ ]  yes [ ]  no also Matthew.Cravatt@bia.gov

Funding [ ]  yes [ ]  no also Matthew.Cravatt@bia.gov

II. Background Information on Current Space

Location of Current Assignment:

Existing Rentable Square Feet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_RSF

Existing Usable Square Feet: \_\_\_\_\_\_\_\_\_\_\_\_\_\_USF

III. Documentation

**Attach a copy of the following items to this document:**

[x]  Staffing List/Headcount Data
*This list should include each authorized staff member’s position/title and grade (if applicable).*

[ ]  Organization Chart

[x]  Customer Space Standards*Check internally or have customer provide national space standards that govern the procurement and design of space.*

[ ]  Customer Mission and/or Initiatives
*Check internally for customer mission and any new initiatives (RAMs or NAMs).*

**Obtain a copy of the following items if available and/or applicable:**

[x]  Floor plans of existing space

[ ]  Systems furniture installation drawings

IV. Objective

1. What is the objective or purpose of the project or move?

1. Does the customer have any special constraints or objectives related to the new requirements that we should know about?

[x]  Budget:

[ ]  Resources

[ ]  Schedule

[ ]  Organizational Change

[ ]  Mission Change

[x]  Other

1. How does the customer define success (customer priorities)?
*(e.g.: on budget, on schedule, cutting edge design, better location, more efficient use of space)*

Locating space for the program to meet agency requirements while improving space efficiencies and utilization rates per Executive Orders and Mandates.

V. New Space and Delineated Area

Date Space required:       Square Footage required:
*(not necessarily lease exp date) (if not determined yet, enter TBD)*

1. How was this determined?

Continuing need.

1. Has the customer already established a specific delineated area for this requirement?
Yes [x]  No [ ]  *If yes, what is it?*

1. Does the customer have any special external adjacency requirements?
Yes [ ]  No [ ]  *If yes, what are they?*

1. Will the customer be moving existing furniture? Yes [x]  No [ ]
*If yes, have you investigated the cost of moving vs. purchasing?*

No.

1. Does the customer have any sustainability goals beyond the existing regulations, existing laws and Executive Orders in effect? Yes [ ]  No [x]  *If yes, what are they?*

1. Does the customer wish for GSA to assist with any of these ONE GSA Real Estate Services:

[ ]  IT/Network and Telecommunication Services

[ ]  Local and Long Distance Telephone Service

[ ]  Furniture Acquisition

[ ]  Furniture and Personal Property Disposal

[ ]  Office Equipment Acquisition

[ ]  Security Products and Services

[ ]  Move Coordination

*If yes – note what is known about the requirement and contact your FAS counterpart.*

VI. Workspace Requirements

**BUSINESS OVERVIEW**

1. Provide an overview of what your organization does and the kind of work that will be conducted in the new space (typical office, customer facing, etc.).

BIA - The Bureau of Indian Affairs’ mission is to enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes and Alaska Natives.

 OJS - The mission of the Office of Justice Services is to serve Indian country communities by protecting life, safety and property; promoting and maintaining order; preventing crime; and enforcing the law.

OST - .To perform our fiduciary trust responsibilities to American Indian tribes, individual Indians, and Alaska Natives by incorporating a beneficiary focus and beneficiary participation while providing effective, competent stewardship and management of trust assets.

1. How do employees typically work? (in teams, individually, mainly offsite, etc.)

Combination of all the above.

1. Does the customer have any telework programs and/or are staff often away from their desk or out of the office as part of their normal work?

The agency does have telework program, but uncertain of schedules.

1. Does the customer utilize any mobile work technologies such as laptop computers, wireless networks, VOIP phone system, or other mobile communication devices? If not, would they provide any business advantage in the future?

Yes

1. What works with the current space?

1. What doesn’t work with the current space?

**INDIVIDUAL WORKSPACE**

1. Indicate the quantity of staff and other personnel you anticipate requiring each type of individual workspace.

 ***Federal Contractor Other (e.g., visitors, students)***

Private Offices:

Workspaces:

**Total Staff:**

1a. Can any of these individual workstations be shared by one or more person? If so, please describe below.

1. Describe the types of work that people do in their workspaces, including computer and phone, types of documents/materials needed, visitors, etc.

1. Has the customer established workstation or office typicals? Yes [x]  No [ ]
*If yes, what are the footprint sizes for them? (i.e., 6x6, 6x8, 8x8, 7x9)*

Please see attached.

* 1. Are these typicals adequate?

**GROUP WORKSPACE**

1. Which internal groups need to be located near each other or near a particular support need (lobby, centralized storage, etc.)?

1. Describe the nature and frequency of meetings that occur between staff or with other outside agencies or customers (informal and spontaneous, scheduled, large/small, etc.)

1. Are your current meeting spaces adequate for these needs (number, size, features)?

1. Does the customer need conference rooms or training areas? Yes [x]  No [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Room Name* | *Typical Meeting Size* | *Meeting Frequency* | *Video Conferencing* | *Room Currently Exists?* | *Current Performance?* |
|       |       |       | [ ]  | [ ]  |       |
|       |       |       | [ ]  | [ ]  |       |
|       |       |       | [ ]  | [ ]  |       |
|       |       |       | [ ]  | [ ]  |       |

1. What office support does the customer require?

[x]  Reception

[x]  Filing

[ ]  Bookshelves

[x]  Mail Room/ Mail Station

[x]  Copiers

[x]  Fax

[x]  Shared Equipment Stations

Define and quantify these requirements:

1. Does the customer require a server room? Yes [x]  No [ ]
*If yes, what is known about the requirement?*

*6a.* Does the customer require advance set-up of server room? Yes [x]  No [ ]
*If yes, how far in advance of occupancy?*

1. Does the customer require storage space? Yes [x]  No [ ]
*If yes, what is known about the requirement?*

1. Does the customer have any spaces that require special construction or maintenance? Yes [x]  No [ ]
*If yes, what is known about the requirement?*

Floor load for Fire King cabinets and multiple file cabinets.

**BUILDING FEATURES**

1. Must the space be located on a particular floor of a building? Yes [x]  No [ ]
*If so, where and why?*

1. Must the space be contained in one contiguous block without being split by a public corridor? Yes [x]  No [ ]
2. Has the customer established a column spacing requirement? Yes [ ]  No [ ]
*If yes, what is it?*

Agency to advise.

1. Does the customer have any special HVAC requirements? Yes [ ]  No [ ]
*If yes, please explain.*

**BUILDING SUPPORT SPACES**

1. Does the customer need any requirements related to access to:

Food Service:

Fitness Center:

Credit Union:

Onsite Health Unit:

1. Is a laboratory or clinic area required? Yes [ ]  No [x]
*If yes, what is known about the requirement?*

1. Does the customer require space for antennas? Yes [ ]  No [x]
*If yes, what is known about the requirement?*

1. Does the customer require any type of ware yard (loading dock, etc.)? Yes [x]  No [ ]
*If yes, what is known about the requirement?*

Wareyard will be required if offical parking space is not available.

1. Does the customer have any special requirements regarding handling or disposal of hazardous waste? Yes [ ]  No [x]
*If yes, what is known about the requirement?*

VII. Parking

1. Does the customer require parking? Yes [x]  No [ ]
	1. Number of secured parking spaces required: 7

*What is the nature of your security requirement (gate controlled, fence, visually private, other)?* \_\_Agency to advise.\_\_\_

* 1. Number of un-secured spaces required: 33
	2. Does the customer require that any parking be available within a specific walking distance from the site? Yes [x]  No [ ]

*How many spaces?*

*How many blocks?*

* 1. Does the customer have any specific requirements related to this parking? Yes [ ]  No [ ]
	*If yes, what is known about the requirement?* Agency to advise.
1. Does the customer require bicycle parking? Yes [ ]  No [x]
*If yes, what is known about the requirement?*

VIII. Building Operations

Customer Hours of Operation

Monday - Friday: From 7:00AM To 6:00 PM

Saturday: From       To

Sunday: From       To

Does the customer require after hours access/utilities? Yes [ ]  No [ ]
*If yes, please explain.*

Agency to advise.

*If yes, frequency:* (hours/day) (days/week)

Are after hours or daytime cleaning services required? [x]  Daytime [ ]  After Hours

IX. Security

1. Do you feel the level of security is appropriate now? Yes [x]  No [ ]
If not, what is the right level?

1. Has the customer instituted changes in their security requirements since they took occupancy of the current location? Yes [ ]  No [x]
If so, what are they?

1. How does the customer want to manage employee access to the space?

Agency to advise.

1. How does the customer want to manage visitor access to the space?

Agency to advise.

1. Does the customer have any other security requirements? Yes [ ]  No [ ]
*If yes, what is known about the requirement?*

Agency to advise.

X. Additional Notes

Satisfactory public transportation must be available within 2 blocks of space offered. Agency to advise of any additional notations.

\* Dun and Bradstreet Universal Numbering System (DUNS) number (also referred to by GSA as the Business Partner Network (BPN) Number): Required by Treasury for Intra-governmental Payment and Collection System (IPAC), this provides a standardized interagency transfer of funds between GSA and customers’ accounts for space charges. (This requirement is defined in OMB Memorandum M-03-01http://www.whitehouse.gov/omb/memoranda\_m03-01)

\*\* Treasury Account Symbol (TAS) - Required by Treasury: The TAS is an identification code assigned by Treasury, in collaboration with OMB and the owner agency, to an individual appropriation, receipt, or other fund account. (These accounts are defined in I TFM 2-1500 http://www.fms.treas.gov/tfm/vol1/v1p2c150.html)

For the Customer letter explaining the DUNS/TAS requirements please see:

<https://gsa.box.net/shared/static/vccofho7v1.pdf>