DEPARTMENT OF HEALTH AND HUMAN SERVICES
PROGRAM SUPPORT CENTER

# SPACE REQUEST FORM
Email: space@hhs.gov

**PSC**
**Program Support Center**

| REQUESTING OPDIV/STAFFDIV | TODAY'S DATE *(mm/dd/yyyy)* | POINT OF CONTACT'S NAME AND TITLE |
|---|---|---|

| EMAIL ADDRESS | PHONE NUMBER |
|---|---|

## LOCATIONS

| National Capitol Regions (NCR) *(Select one)* | Regional Offices *(Select one)* |
|---|---|

## TYPE OF REQUEST *(Select one)*

**New Space Request** *(Check)*

_____Number of Existing Staff ( _____ FTEs _____Contractors)

_____Number of New Staff ( _____FTEs _____Contractors)

_____Number of Workstations Needed

_____Number of Offices Needed

_____Conference Rooms and Collaborative Spaces

Complies with the 21st Century Workplace Space Planning Policy

**Release of Space Request** *(Check)*

_____Square Footage/ Room Number

_____ Estimated Space Release Date *(mm/dd/yyyy)* *(Contingent upon reassignment of space)*

Needs Project Management Support

_____ Project Management Support Completion Date *(mm/dd/yyyy)*

**Alterations Request to Existing Space** *(Check)*

_____Existing Workstations

_____Alteration to Existing Offices

_____Other Services *(move, signage, AV, IT, Telecom, etc.)*

_____Furniture Design

Reasonable Accommodation is Required

DESCRIPTION OF SPACE, ALTERATIONS, RELEASE REQUEST *(Briefly summarize requirements for proposed and for further explanation provide it in the email).*

FUNDING *(Briefly describe the funding source that is available. Work cannot begin until funds are certified.) (Select One)*

Credit Card     Requisition *(Supplier Site)*     Agreement *(7600, SLA, IAA)*     CAN Number

DESCRIPTION OF FUNDING *(Briefly summarize and for further explanation provide it in the email.)*

## AUTHORIZING OFFICIAL

**The person below is responsible for authorizing the activities, scope of work, and making financial decisions.**

| NAME | TITLE |
|---|---|

| EMAIL ADDRESS | PHONE NUMBER |
|---|---|

| AUTHORIZING OFFICIAL SIGNATURE | DATE *(mm/dd/yyyy)* | SECONDARY SIGNATURE | DATE *(mm/dd/yyyy)* |
|---|---|---|---|

| ASFR CONCURRENCE IF APPLICABLE | DATE *(mm/dd/yyyy)* |
|---|---|

## NOTE

- Your request is subject to analysis of existing space conditions.
- A more detailed Program of Requirements (POR) may be required.
- A final space decision will be made by senior leadership.

## FOR INTERNAL PSC USE ONLY

| DATE RECEIVED *(mm/dd/yyyy)* | DATE ASSIGNED *(mm/dd/yyyy)* | NAME OF PROJECT MANAGER |
|---|---|---|
| PROJECT NUMBER | | DATE PROJECT REQUEST REVIEWED WITH CUSTOMER *(mm/dd/yyyy)* |