Modified Pre-Design Form

Agency Instructions

Office of Financial Management
December 2023

Modified Pre-Design (MPD) Form Overview

The Office of Financial Management (OFM) is required to establish and maintain a Modified Pre-Design (MPD) process for approving agency requests to acquire, expand or relocate a state facility through lease or purchase (RCW 43.82.035). The MPD Form is used for all agency space requests. Field-specific instructions are available below. If you have questions, please reach out to your assigned OFM Facilities Analyst.

Form Submittal Process

1. Submit the MPD Form to OFM via ofmfacilitiesoversig@ofm.wa.gov.
    - A life cycle cost analysis must be submitted with the MPD Form for any requests over 20,000 SF and/or a lease term greater than 10 years.
2. OFM will review and process agency requests within the timeframes noted below. Agencies cannot move forward without an OFM approval memo. OFM approval gives agencies the authority to proceed and work with the Department of Enterprise Services on space needs.
3. Following MPD approval, if an increase in square footage, one-time costs, ongoing costs, or lease term is needed, agencies must submit a Change of Conditions Form.

Turnaround Time

Request Type	OFM Turnaround Time
Standard request up to 20,000 SF	30 days*
Requests greater than 20,000 SF (requires LCCM)	May require additional processing time
Temporary space request for 12 months or less	10 days
Change of Conditions	10 days
Emergency request for space to be occupied immediately	3 days

*May require additional processing time if request is incomplete or additional project detail is needed.

Field-Specific Instructions

CONTACT INFORMATION

Field	Description
Agency Name	Agency's SAAM name
Contact Person	Primary point of contact for request
Contact Email	Contact's email address
Contact Phone	Contact's phone number

SECTION ONE: CURRENT FACILITY INFORMATION AND UTILIZATION

This section includes formulas. Enter your data in the gray fields.

Field	Description
UFI Number	The facility's unique facility identifier (UFI) can be found in the Facilities Portfolio Management Tool (FPMT).
Lease Number	The lease number for the current facility, if not owned.
Square Feet	The square footage of the current facility.
Lease End Date	The lease end date for the current facility, if not owned.
City	The city where the current facility is located.
User Space Allocation	Enter the current facility user counts based on the definitions in the Telework Schedule Crosswalk tables in the Reference Tables tab.
HRMS Data is Accurate/Current	Check this box to confirm that HRMS data for the facility is current and accurate.
Current Cost	Enter cost data for the current facility using actual expenditures from the previous fiscal year. If you have a full-service lease, there is no need to break out and report operating costs separately.

SECTION TWO: PROJECT INFORMATION

Field	Description
Is Space Request part of 23-29 Six Year Facilities Plan	Select Yes if the project was included in the 23-29 plan. Select No if the project was not included in the 23-29 plan. If your agency (or the space in question) is exempt from the Six-Year Plan, select No.
Space Request Type	**Standard Up To 20,000 SF**: 30-day turnaround **Standard Greater Than 20,000 SF**: Also requires LCCM; may require additional processing time **Temporary Request**: Space requests for 12 months or less; 10-day turnaround **Emergency Request**: Space to be occupied immediately; 3-day turnaround
Completion Date	Select the fiscal year in which the project will be completed.
Is this project a collocation with another agency	Select Yes if your agency will be collocating. Otherwise, select No.
Project Title	SAAM Agency Abbreviation-Proposed Location-Project Type-Fiscal Year **Example**: DCYF-Lewis County-Relocate and Expand-FY24
Requested County	The county where the project is located.
Requested City	The city where the project is located.

Project Type	**Consolidation**: To close one or more existing locations and consolidate operations into a different existing location. **Expansion**: Lease projects where agencies are requesting to increase their footprint in an existing facility. **New Space**: A new space that is not currently part of an agency's facilities inventory. This project type does not involve moving staff from an existing location. *Example*: DSHS needs to acquire space for a new program. **Relocation**: Lease projects where agencies are moving to a new location.
Effective Start Date	The requested lease start date or occupancy date if in an owned facility.
Primary Space Type	Space type that accounts for at least 60% of the total square footage. **Classroom (110):** A room or space used primarily for instructional classes that is not tied to a specific subject or discipline by equipment in the room or the configuration of the space. To be used by a degree-granting educational program. **Training Room (120):** A space serving an office and used primarily for staff and public training activities and is not tied to a degree-granting educational program. **Laboratory (270):** A space used for laboratory experimentation, research or testing. **Office General (310):** A space housing staff, community volunteers, contractors, or partners working at one or more desks, tables or workstations. **Office Services (312):** An office space primarily dedicated to the direct delivery of services (e.g., community service office). **Conference Room (350):** A space serving an office complex that is used primarily for staff meetings and public activities. **Library (420):** A space used to house arranged collections of educational materials for use as a study resource. **Hearing Room (502):** A hearing room is a facility characterized by specific space configuration or special purpose equipment that limits the use of the space to hearing activities or closely related activities. **Other (590):** Only to be used for those spaces or facilities that cannot be described with other codes and definitions. **Food Facility (630):** A space used for eating, including dining halls, cafeterias, snack bars, restaurants and similar eating areas. **IT Communication (710):** A space used as a data or telecommunications center with applications that are broad enough to serve the overall administrative needs of a central group of users, department or agency. **Shop (720):** A space used for the manufacture, repair or maintenance of products and equipment. **Storage (730):** A space or building that is used to store equipment or materials. **Vehicle Storage (740):** A structure that is used to house or store vehicles. **Health Care (800):** All patient care areas that are located in separately organized and budgeted health care facilities.

	Residential (900): Facilities that provide housing for staff, patients, inmates and visitors.
Requested Lease Term	The lease term in years. **Note**: A lease term greater than 10 years requires a life cycle cost analysis.
Secondary Space Type	Secondary space type if applicable, otherwise N/A.
Cancellation Clause	Insert an X if a cancellation clause is required. **Note**: If a cancellation clause is required for this project, expect a higher cost for rent.

SECTION THREE: PROJECT BUSINESS CASE AND ALTERNATIVES

Field	Description
Business Case	Please provide bulleted answers for each of the six business case questions in this section.
Alternatives Considered	Describe two alternatives considered. Be prepared to speak with your facilities analyst about these alternative options.
Executive Order 16-07	Explain how your agency is utilizing telework, technology and a hybrid work environment to meet the objectives laid out in Executive Order 16-07.
Equity Questions	Please identify which communities will be impacted by the project and the services provided by the facility, and explain how impacts will be mitigated. Additional equity questions are available for consideration on the Equity reference tab.

SECTION FOUR: SPACE ALLOCATION

This section includes formulas. Enter your data in the gray fields. Refer to the telework crosswalks on the Reference Tables tab for additional guidance on user type definitions.

Note: If the total space allocation is over 20,000 SF, a life cycle cost analysis must be completed.

Field	Description
Fully Remote Users	Enter the number of fully remote users (no regularly scheduled days in the office).
Externally Mobile Users	Enter the number of externally mobile users (in office less than 60% of the pay period).
Resident Users	Enter the number of resident users (in office at least 60% of the pay period).
Program Specific Spaces	Enter spaces that are unique to your agency's business needs and would not easily fit into the definition of workspaces or common spaces (e.g., interview rooms, training rooms, evidence storage, and service delivery lobby). **Note**: Be sure to include the type of space and the quantity needed in the description field (e.g., interview room X 3).
Site Requirements	Enter any program-specific site requirements you have, including but not limited to: EV charging stations, parking, any secure site requirements. This section is used by DES when searching for new facility sites.

SECTION FIVE: PROPOSED SPACE UTILIZATION

OFM will use this data to calculate utilization ratio, and DES will refer to this section when preparing a Request for Proposal.

The total number of offices and cubicles should not exceed the number of resident users. Touchdown spaces should have a 3:1 ratio for externally mobile users. The objective is to have 80% utilization of workspaces.

Field	Description
Workspace Types	Enter the number of planned offices, cubicles, and touchdown spaces. **Note**: A touchdown space is an unassigned space that provides seating in varying forms to conduct work on an irregular basis or for short periods. Touchdown spaces can be unassigned offices and cubes.
Common Shared Space Types	Enter the number of planned common shared spaces.

SECTION SIX: PROJECT ONGOING AND ONE-TIME COSTS

This section includes formulas. Enter your data in the gray fields. **The projected annual cost is expected to be at the full-service rate**.

Field	Description
OFM Market Rate	Refer to the current OFM Market Rates for office space. Please contact the Department of Enterprise Services for current market rates when the primary space type is not office.
Funding Sources	Enter an X for all funding sources that apply to this project. **Agency Existing Facilities Funds**: Existing operating funds used to fund facility costs. **Other Operating Funds**: Existing agency funds not currently allocated for facility costs. **Future Budget Request**: A Decision Package must be submitted to and approved by OFM to fund this project.
Funding Source Code	Enter OFM recognized fund source code. The codes can be found at: https://ofm.wa.gov/accounting/fund/numeric.
One-Time Costs	This section gives agencies the opportunity to request one-time costs based on their own set of assumptions as opposed to OFM's standard assumptions. Enter your agency's requested one-time costs in the provided fields. These are required fields, even if OFM's assumptions are being used. **DES Fees**: These fees are from the DES fee structure, which can be found on their website. **Tenant Improvement**: The cost of construction to modify a facility to meet agency business needs. This one-time cost is typically due at the beginning of the lease start period. **Technology/Infrastructure**: Any cabling, network, server rack, and phone system costs required for the agency to move into the facility. **New Furniture**: The cost of purchasing new furniture for the facility. Please

	follow all state procurement laws for purchases. **Relocation Furniture**: The cost to move furniture from a previous location to a new location. **Moving Staff**: The cost associated with moving all items (other than furniture) to the new facility. This may include the cost to move a copier, etc. **Building Security**: The costs associated with installing security systems in the facility. *Example*: keycard systems, camera systems, etc. **Other Costs**: This covers any additional one-time costs not already captured that are required for the agency to begin operations.
Agency Assumptions	Detail your agency assumptions for each entered one-time cost.
Funding Sources	Enter an X for all funding sources that apply. **Agency Existing Facilities Funds**: Existing operating funds used to fund facility costs. **Other Operating Funds**: Existing agency funds not currently allocated for facility costs. **Future Budget Request**: A Decision Package must be submitted to and approved by OFM to fund this project.
Funding Source Code	Enter OFM recognized fund source code. The codes can be found at: https://ofm.wa.gov/accounting/fund/numeric.

SECTION SEVEN: SUMMARY OF CHANGES

This section includes formulas that summarize the projected change in user counts, square footage, and cost.

SECTION EIGHT: AGENCY AUTHORIZATION

This section certifies that the requested space is necessary and that all data is accurate based on the best available information. All MPD Forms must be signed by the Agency Financial Manager and Agency Director or Designee.

Field	Description
Text fields	You may type the date, printed name and title for each signatory.
Signature fields	Signatures may be added digitally, or the form can be printed and signed.