



# Project Request/MPD Form

## Agency Instructions

Office of Financial Management  
September 22, 2022

## Project Request/MPD Form Overview

The Office of Financial Management (OFM) is required to establish and maintain a process for the approval of new space ([RCW 43.82.035](#)), as well as to submit a biennial Six-Year Facilities Plan to the Legislature to identify the long-term facility needs of state government ([RCW 43.82.055](#)).

OFM has aligned its space approval processes and consolidated its project request forms to improve efficiency. This form replaces previous versions of project request forms and Modified Pre-Design (MPD) forms and is used for all Six-Year Facilities Plan project requests as well as requests to acquire, expand or relocate a state facility when the project is not included in the current Six-Year Facilities Plan.

## Form Submittal Process

### Projects in the Six-Year Facilities Plan

Project Request/MPD Forms are submitted as part of the Six-Year Facilities Plan cycle in even years.

1. This form is required for all planned projects in the Six-Year Facilities Plan. Submit forms to OFM via [ofmfacilitiesoversig@ofm.wa.gov](mailto:ofmfacilitiesoversig@ofm.wa.gov), with a copy to your [assigned OFM facilities analyst](#).
2. A [life cycle cost analysis](#) must be submitted with the Project Request/MPD Form for any projects over 20,000 SF.

**Note:** Projects with a lease term greater than 10 years will also require a life cycle cost analysis at the time of OFM lease approval.

3. When an agency is ready to move forward with approved projects in the Six-Year Facilities Plan, an email request is sent to OFM via [ofmfacilitiesoversig@ofm.wa.gov](mailto:ofmfacilitiesoversig@ofm.wa.gov) certifying that funds are available:
  - If no changes have occurred, no additional project forms are required.
  - If changes have occurred, a [Change of Conditions Form](#) is required.

### Projects Submitted Outside of the Six-Year Facilities Plan

Project Request/MPD Form is submitted for a project that is not in the current Six-Year Facilities Plan, outside of the six-year planning cycle.

1. This form is submitted to OFM via [ofmfacilitiesoversig@ofm.wa.gov](mailto:ofmfacilitiesoversig@ofm.wa.gov), with a copy to your [assigned OFM facilities analyst](#), for a request to acquire, expand or relocate a state facility through lease or purchase.
2. A [life cycle cost analysis](#) must be submitted with the Project Request/MPD Form for any projects over 20,000 SF.

**Note:** Projects with a lease term greater than 10 years will also require a life cycle cost analysis at the time of OFM lease approval.

## 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
Agency Number	Agency's SAAM number
Contact Person	Primary point of contact for project
Contact Email	Contact's email address
Contact Phone	Contact's phone number

### SECTION ONE: PROJECT INFORMATION

Field	Description
Project Request Only	Insert an X if this project request is only for the Six-Year Plan (i.e., not a formal MPD).
Temporary	Insert an X if this is a request for temporary space.
Not part of last Six-year Plan	Insert an X if this request is being submitted outside of the Six-Year Plan process.
Emergency	Insert an X if this is an emergency request.
Completion Date	Select the fiscal year in which the project will be completed.
Project Title	SAAM Agency Abbreviation-Proposed Location-Project Type-Fiscal Year  <b>Example:</b> DCYF-Lewis County-Relocate and Expand-FY24
Requested County	The county where the planned project is located.  <b>Note:</b> Agencies can provide additional details to DES on desired city when completing the project charter.
Effective Start Date	The requested lease start date or occupancy date if in an owned facility.
Project Type	<b>Cancel:</b> To execute a cancellation clause.  <b>Close:</b> To shut down all operations at that location.  <b>Demolish:</b> This project type is specific to state-owned facilities and is used when a building will be destroyed and removed from the state's inventory.  <b>Major Reconfiguration:</b> When more than 50% of a facility is being renovated or a major building system is being upgraded (e.g., HVAC).  <b>New Space:</b> 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

	<p>location.</p> <p><i>Example:</i> DSHS needs to acquire space for a new program.</p> <p><b>Relocate – Downsize:</b> Lease projects where agencies are decreasing their footprint and moving to a new location.</p> <p><b>Relocate – Expand:</b> Lease projects where agencies are increasing their overall footprint and relocating to a new location.</p> <p><b>Renew and Downsize:</b> Lease projects where agencies are requesting to decrease their footprint in an existing facility.</p> <p><b>Renew and Expand:</b> Lease projects where agencies are requesting to increase their footprint in an existing facility.</p> <p><i>Example:</i> If an agency leases suite 101 and also wants to lease suite 201 in the same facility, that would be considered an expansion. Renew and Expand is not limited to contiguous space.</p> <p><b>Renew and Major Reconfiguration:</b> A project where an agency is renewing a lease and plans to renovate 50% or more of a facility or plans to complete an upgrade to a major building system (e.g., HVAC).</p> <p><b>Sell:</b> This project type is specific to state-owned facilities and is used when an agency plans to sell a state asset, removing it from the state’s inventory.</p> <p><b>Transfer:</b> A facility is transferred to another state agency, where the receiving agency is responsible for operating and facility costs.</p>
Requested Lease Term	<p>The lease term in years.</p> <p><b>Note:</b> A lease term greater than 10 years requires a life cycle cost analysis at the time of OFM lease approval.</p>
Primary Space Type	<p>Space type that accounts for at least 60% of the total square footage.</p> <p><b>Classroom (110):</b> 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.</p> <p><b>Training Room (120):</b> A space serving an office and used primarily for staff and public training activities and is not tied to a degree-granting educational program.</p> <p><b>Laboratory (270):</b> A space used for laboratory experimentation, research or testing.</p> <p><b>Office General (310):</b> A space housing staff, community volunteers, contractors, or partners working at one or more desks, tables or workstations.</p> <p><b>Office Services (312):</b> An office space primarily dedicated to the direct delivery of services (e.g., community service office).</p> <p><b>Conference Room (350):</b> A space serving an office complex that is used primarily for staff meetings and public activities.</p> <p><b>Library (420):</b> A space used to house arranged collections of educational materials for use as a study resource.</p> <p><b>Hearing Room (502):</b> A hearing room is a facility characterized by specific</p>

	<p>space configuration or special purpose equipment that limits the use of the space to hearing activities or closely related activities.</p> <p><b>Other (590):</b> Only to be used for those spaces or facilities that cannot be described with other codes and definitions.</p> <p><b>Food Facility (630):</b> A space used for eating, including dining halls, cafeterias, snack bars, restaurants and similar eating areas.</p> <p><b>IT Communication (710):</b> 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.</p> <p><b>Shop (720):</b> A space used for the manufacture, repair or maintenance of products and equipment.</p> <p><b>Storage (730):</b> A space or building that is used to store equipment or materials.</p> <p><b>Vehicle Storage (740):</b> A structure that is used to house or store vehicles.</p> <p><b>Health Care (800):</b> All patient care areas that are located in separately organized and budgeted health care facilities.</p> <p><b>Residential (900):</b> Facilities that provide housing for staff, patients, inmates and visitors.</p>
Secondary Space Type	Secondary space type if applicable, otherwise N/A.
Cancellation Clause	<p>Insert an X if a cancellation clause is required.</p> <p><b>Note:</b> If a cancellation clause is required for this project, expect a higher cost for rent.</p>
Current Site Information	Complete this section for all projects involving an existing facility. The facility's unique facility identifier (UFI) can be found in the <a href="#">Facilities Portfolio Management Tool</a> (FPMT).

## SECTION TWO: PROJECT BUSINESS CASE AND ALTERNATIVES

Field	Description
Business Case	Please provide bulleted answers for each of the five business case questions in this section.
Alternatives Considered	Describe all 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 <a href="#">Executive Order 16-07</a> .

## SECTION THREE: SPACE ALLOCATION

This section includes formulas that will calculate total allocated square footage and total square footage per user. Enter your data in the gray fields.

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

Field	Description
Resident Users	Enter the number of resident users (in office at least 60% of the pay period).
Externally Mobile Users	Enter the number of externally mobile users (in office less than 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). <b>Note:</b> 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 FOUR: SPACE UTILIZATION

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

Field	Description
Workspace Types	Enter the number of planned offices, cubicles and touchdown spaces.
Common Shared Space Types	Enter the number of planned common shared spaces.

#### SECTION FIVE: PROJECT ONGOING AND ONE-TIME COSTS

This section includes formulas that will calculate total cost and cost per square foot. Enter your data in the gray fields.

**Note:** Current ongoing costs should be based on actual expenditures from the previous fiscal year.

Field	Description
Rent and/or Debt Service	Enter total annual rent or debt service cost.
Operating Expenses	If you have a full-service lease, there is no need to break out and report operating costs separately. If other operating costs are left blank, OFM will assume it is a full-service lease.
Projected Annual Cost	The projected annual cost is expected to be at the full-service rate.
OFM Market Rate	Contact your <a href="#">assigned facilities analyst</a> for current OFM Market Rates.
Funding Sources	Enter an X for all funding sources that apply to this project.  <b>Agency Existing Facilities Funds:</b> Existing operating funds used to fund facility costs.  <b>Other Operating Funds:</b> Existing agency funds not currently allocated for facility costs.  <b>Future Budget Request:</b> 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:

	<a href="https://ofm.wa.gov/accounting/fund/numeric">https://ofm.wa.gov/accounting/fund/numeric</a> .
One-Time Costs	<p>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.</p> <p><b>DES Fees:</b> These fees are from the DES fee structure, which can be found on their website.</p> <p><b>Tenant Improvement:</b> 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.</p> <p><b>Technology/Infrastructure:</b> Any cabling, network, server rack, and phone system costs required for the agency to move into the facility.</p> <p><b>New Furniture:</b> The cost of purchasing new furniture for the facility. Please follow all state procurement laws for purchases.</p> <p><b>Relocation Furniture:</b> The cost to move furniture from a previous location to a new location.</p> <p><b>Moving Staff:</b> The cost associated with moving all items (other than furniture) to the new facility. This may include the cost to move a copier, etc.</p> <p><b>Building Security:</b> The costs associated with installing security systems in the facility.</p> <p><i>Example:</i> keycard systems, camera systems, etc.</p> <p><b>Other Costs:</b> This covers any additional one-time costs not already captured that are required for the agency to begin operations.</p>
Agency Assumptions	Detail your agency assumptions for each entered one-time cost.
Funding Sources	<p>Enter an X for all funding sources that apply.</p> <p><b>Agency Existing Facilities Funds:</b> Existing operating funds used to fund facility costs.</p> <p><b>Other Operating Funds:</b> Existing agency funds not currently allocated for facility costs.</p> <p><b>Future Budget Request:</b> A Decision Package must be submitted to and approved by OFM to fund this project.</p>
Funding Source Code	Enter OFM recognized fund source code. The codes can be found at: <a href="https://ofm.wa.gov/accounting/fund/numeric">https://ofm.wa.gov/accounting/fund/numeric</a> .

## SECTION SIX: AUTHORIZATIONS

This section certifies that the requested space is necessary and all data is accurate based on the best available information. **Only complete this section if the project is being submitted outside of the Six-Year Facilities Plan process.**

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.