



Modified Pre-Design Form

Agency Instructions

Office of Financial Management
October 2025

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.
 - You may attach supporting documentation with your submittal.
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)	30 days, but 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

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 annual 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.
SUBLEASE INFORMATION	Enter applicable sublease information related to the facilities above.
UFI Number	The facility's unique facility identifier (UFI) can be found in the Facilities Portfolio Management Tool (FPMT).
Lease Number	The sublease lease number for the sublease.
Square Feet	The sublease square feet.
Lease End Date	The sublease end date.
Receivable Income	The annual rent received from the sublessee.

SECTION TWO: PROJECT INFORMATION

Field	Description
Is Space Request part of 25-31 Six Year Facilities Plan	Select Yes if the project was included in the 25-31 plan. Select No if the project was not included in the 25-31 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 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.
Is this a purchase or build project	Select Yes if your project involves buying or constructing new space. Select No if you will be leasing new space.

Project Title	SAAM Agency Abbreviation-Proposed Location-Project Type-Fiscal Year Example: DCYF-Lewis County-Relocate and Expand-FY26
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. <i>Example:</i> 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): An office space housing staff, community volunteers, contractors, state agency partners or community partners working towards the agency mission in another capacity that does not fit within the criteria listed in the definitions for Administrative, Services, Field, and Project. Office Administrative (311): An office space housing staff primarily dedicated to administrative support for the agency mission. These offices typically have high telework eligibility. Examples include but are not limited to HR, IT, and Finance. Office Services (312): An office space housing staff primarily dedicated to direct delivery of services to the public. These offices typically have low telework eligibility. Examples include but are not limited to driver licenses examination facilities, unemployment benefit offices and community services offices. Office Project (313): An office space housing staff primarily dedicated to a major project in support for the agency mission. Examples include but are not limited to engineers, design teams and planning teams. Office Field (314): An office space housing staff primarily dedicated to conducting physical activities and processes in a specific area, outside the traditional office environment. These operations may have a minimal in-office component, such as reporting and other paperwork. Field offices typically have low telework eligibility. Examples include but are not limited to

	maintenance offices, oversight and support offices, program offices, and community offices. 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	Select Yes 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, ALTERNATIVES AND IMPACTS

Field	Description
Business Need	Check the box(es) that best describe the reason for this request. Check all boxes that apply. If selecting Other, provide more detail in the text field below. New agency program: New space to house brand new program to agency Building condition: Facility condition or surrounding areas are negatively impacting services and business needs. Growth needs: The current facility cannot efficiently house current employees, recently funded FTEs, equipment, storage, etc. assigned to the facility.

	Collocation/Consolidation opportunities: Agency will absorb within another existing agency location, or backfill with another state agency in underutilized space. Budget scope: Examples include proposed renewal rates are above market rates, cost savings etc. Employee and customer safety concerns: Immediate safety concerns that cannot be realistically solved in an alternative manner. Other: Does not align with the other options. Please specify in the box below.
Agency Function(s)	Describe the nature of the work at this location.
Strategic Plan	Describe how the project supports or is consistent with your agency's strategic plan.
Who will be affected?	Who will be directly impacted by this project?
Internal and External Stakeholder Impacts	Have you vetted this project with internal and external stakeholders? What was their response?
Flexible Work Environment	Explain how your agency is using hybrid work and technology to create and sustain a flexible work environment.
Facility Condition	Describe the condition of the facility and whether it influences your planned action.
Existing Facilities in the Area	Does your agency have existing facilities in the area? If so, why can't you consolidate within your existing space?
Preferred Facilities Solution	What is your preferred facilities solution?
Cancellation Clause	If a cancellation clause is required, describe the terms and why it is needed.
Alternative Facility Solutions	Describe two detailed alternative facility solutions that were considered for this project.
Short-term Impacts if Not Approved	What are the short-term impacts if this project is not approved?
Long-term Impacts if Not Approved	What are the long-term impacts if this project is not approved?

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.
Common Shared Space Types	Enter the number of planned common shared spaces.

SECTION SIX: PROJECT ANNUAL 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 (annual cost/SF)	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.
Other	If there are other ongoing costs, enter the annual amount here.
Additional Parking	If there is an additional parking fee, enter the annual amount here.
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. 8L Adjustment: Lease rate adjustment decision package. Future Budget Request: A Decision Package must be submitted to and approved by OFM and the Legislature to fund this project.
Fund Source Code	Enter OFM recognized fund source code. The codes can be found at: https://ofm.wa.gov/accounting/fund/numeric .
If using existing funds, provide additional	Provide identifiable information such as the allotment code, project number, bill section numbers (if provisioned), or other information that helps OFM

information	confirm the funding. Please describe rationale and authority to use Other funds.
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 cost associated with installing security systems in the facility. <i>Example: keycard systems, camera systems, etc.</i> EV Expense: The cost associated with installing one or more EV chargers. Other: This covers any additional one-time costs not already captured that are required for the agency to begin operations.
Agency Cost Assumptions	Detail your agency cost 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 and the Legislature to fund this project.
Fund Source Code	Enter OFM recognized fund source code. The codes can be found at: https://ofm.wa.gov/accounting/fund/numeric.
If using existing funds, provide additional information	Provide identifiable information such as the allotment code, project number, bill section numbers (if provisioned), or other information that helps OFM confirm the funding. Please describe rationale and authority to use Other funds.

SECTION SEVEN: COST ANALYSIS

This section includes formulas that summarize the projected change in user counts, square feet, and cost. This section also includes calculations for 4-year net impact to annual cost and the overall project net impact,

which includes one-time costs .

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.