



Project Request Form Overview

A [Project Request Form](#) is required for each proposed project in the 2025-31 Six-Year Facilities Plan. All action types except No Action and Renew (with no change in SF) require a Project Request Form. Field-specific instructions are available below. If you have questions, please reach out to your assigned [OFM Facilities Analyst](#).

Submit Project Request Forms to OFM via ofmfacilitiesoversig@ofm.wa.gov.

- **July 1:** Draft Project Request Forms are due to OFM.
- **September 1:** Final [Agency Desired Plans \(ADP\)](#) and Project Request Forms are due to OFM. Agency directors or a designee must approve and submit the final ADP and Project Request Forms.
- A [life cycle cost analysis](#) must be submitted with the Project Request Form for any New Space requests over 20,000 SF, except for projects in fiscal years 2028-31.

Field-Specific Instructions

The amount of data required varies by project type and when the proposed project is slated to take place. Use the links below to navigate to the desired project type.

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Consolidate and New Space

Use this tab for the following scenarios:

- **Consolidate:** Closing one or more facilities and relocating staff to a facility that is currently part of the agency’s inventory.
- **New Space:** Closing one or more facilities and relocating staff to a facility that is not currently part of the agency’s inventory.
- **New Space:** Acquiring new space with no relocation of staff (e.g., starting a new program in an area without existing facilities and hiring new staff).

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

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.

SECTION TWO: PROJECT INFORMATION

Field	Description
Was this project part of the 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.
Project Request Type	Up To 20,000 SF Greater Than 20,000 SF: Also requires LCCM.
Project Completion Fiscal Year	Select the fiscal year in which the project will be completed.
Requested County	The county where the project is located.
Requested City	The city where the project is located.
Project Type	Consolidate: To close one or more existing locations and consolidate operations into a different existing location. New Space: A new space that is not currently part of an agency’s facilities inventory. May or may not involve relocating staff.
Primary Space Type	Space type that accounts for at least 60% of the total square footage. 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.
Secondary Space Type	Secondary space type if applicable, otherwise N/A.
Requested Lease Term	The lease term in years. Note: A lease term greater than 10 years requires a life cycle cost analysis.
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 Questions	Please provide answers for each of the six business case questions. Clearly describe business need, the current condition of your facility, your agency's preferred solution, and the impacts of not moving forward with this project.
Alternatives Considered	Describe two alternatives considered. Be prepared to speak with your facilities analyst about these alternative options.
How does this project support right-sizing office space?	Explain how the proposed project supports the state's objective to right-size office space in light of increased telework and hybrid work environments.
Equity Questions	Please identify which communities will be positively or negatively impacted by the project and the services provided by the facility, and explain how negative impacts will be mitigated.

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: Include type and quantity of space needed (e.g., interview room X 3).

SECTION FIVE: PROPOSED SPACE UTILIZATION

OFM will use this data to calculate utilization ratio. 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.

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	Refer to the current OFM Market Rates for office space.
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 and the Legislature 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



	<p>a new location.</p> <p>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.</p> <p>Building Security: The costs associated with installing security systems in the facility.</p> <p><i>Example:</i> keycard systems, camera systems, etc.</p> <p>Other Costs: 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>Agency Existing Facilities Funds: Existing operating funds used to fund facility costs.</p> <p>Other Operating Funds: Existing agency funds not currently allocated for facility costs.</p> <p>Future Budget Request: A Decision Package must be submitted to and approved by OFM and the Legislature to fund this project.</p>
Funding Source Code	Enter OFM recognized fund source code. The codes can be found at: https://ofm.wa.gov/accounting/fund/numeric .
If other funds will be used, please provide rationale and fund source authority	Please describe rationale and authority to use Other funds.

Renew with a Change in SF

Use this tab for the following scenarios:

- **Renew and downsize:** Renewing in place with a decrease in square footage.
- **Renew and expand:** Renewing in place with an increase in square footage.

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

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.



SECTION TWO: PROJECT INFORMATION

Field	Description
Was this project part of the 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.
Project Request Type	Up To 20,000 SF Greater Than 20,000 SF
Project Completion Fiscal Year	Select the fiscal year in which the project will be completed.
Requested County	The county where the project is located.
Requested City	The city where the project is located.
Project Type	Renew: Renewing in place with a change in square footage.
Primary Space Type	<p>Space type that accounts for at least 60% of the total square footage.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Secondary Space Type	Secondary space type if applicable, otherwise N/A.
Requested Lease Term	<p>The lease term in years.</p> <p>Note: A lease term greater than 10 years requires a life cycle cost analysis.</p>
Cancellation Clause	<p>Insert an X if a cancellation clause is required.</p> <p>Note: If a cancellation clause is required, expect a higher cost for rent.</p>

SECTION THREE: PROJECT BUSINESS CASE AND ALTERNATIVES

Field	Description
Business Case Questions	Describe project rationale, including whether the project supports right-sizing office space, and the impacts if the project is not approved.
Alternatives Considered	Describe two alternatives considered. Be prepared to speak with your facilities analyst about these alternative options.
How does this project support right-sizing office space?	Explain how the proposed project supports the state’s objective to right-size office space in light of increased telework and hybrid work environments.
Equity Questions	Please identify which communities will be positively or negatively impacted by the project and the services provided by the facility, and explain how negative impacts will be mitigated.

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).

SECTION FIVE: PROPOSED SPACE UTILIZATION

OFM will use this data to calculate utilization ratio. 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.



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	Refer to the current OFM Market Rates for office space.
Funding Sources	<p>Enter an X for all funding sources that apply to this project.</p> <p>Agency Existing Facilities Funds: Existing operating funds used to fund facility costs.</p> <p>Other Operating Funds: Existing agency funds not currently allocated for facility costs.</p> <p>Future Budget Request: A Decision Package must be submitted to and approved by OFM and the Legislature to fund this project.</p>
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	<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.</p> <p>Enter your agency’s requested one-time costs in the provided fields. These are required fields, even if OFM’s assumptions are being used.</p> <p>DES Fees: These fees are from the DES fee structure, which can be found on their website.</p> <p>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.</p> <p>Technology/Infrastructure: Any cabling, network, server rack, and phone system costs required for the agency to move into the facility.</p> <p>New Furniture: The cost of purchasing new furniture for the facility. Please follow all state procurement laws for purchases.</p> <p>Relocation Furniture: The cost to move furniture from a previous location to a new location.</p> <p>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.</p> <p>Building Security: The costs associated with installing security systems in the facility.</p> <p><i>Example: keycard systems, camera systems, etc.</i></p> <p>Other Costs: 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>Agency Existing Facilities Funds: Existing operating funds used to fund facility</p>



	<p>costs.</p> <p>Other Operating Funds: Existing agency funds not currently allocated for facility costs.</p> <p>Future Budget Request: A Decision Package must be submitted to and approved by OFM and the Legislature to fund this project.</p>
Funding Source Code	Enter OFM recognized fund source code. The codes can be found at: https://ofm.wa.gov/accounting/fund/numeric .
If other funds will be used, please provide rationale and fund source authority	Please describe rationale and authority to use Other funds.

Major Improvement

Use this tab for the following scenario:

- **Major Improvement:** A one-time cost exceeding \$250,000 to improve an owned or leased facility, not covered by another Action Type. This does not include routine maintenance.*

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

*Routine maintenance refers to any maintenance task done on a planned and ongoing basis to identify and prevent problems before they result in building, infrastructure, or equipment failure.

SECTION ONE: CURRENT FACILITY INFORMATION AND UTILIZATION

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.

SECTION TWO: PROJECT INFORMATION

Field	Description
Was this project part of the 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.
Project Completion Fiscal Year	Select the fiscal year in which the project will be completed.
Requested County	The county where the project is located.
Requested City	The city where the project is located.

SECTION THREE: PROJECT BUSINESS CASE AND ALTERNATIVES

Field	Description
Business Case	Describe project rationale, including whether the project supports right-sizing office space.
Equity Questions	Please identify which communities will be positively or negatively impacted by the project and the services provided by the facility, and explain how negative impacts will be mitigated.

SECTION FOUR: PROJECT ONE-TIME COSTS

Field	Description
Estimated One-Time Costs	Enter your agency’s requested one-time cost.
Agency Assumptions	Detail your agency assumptions for the requested 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.
Funding Source Code	Enter OFM recognized fund source code. The codes can be found at: https://ofm.wa.gov/accounting/fund/numeric .
If other funds will be used, please provide rationale and fund source authority	Please describe rationale and authority to use Other funds.

Close, Demolish and Dispose

Use this tab for the following scenarios:

- **Close:** To shut down all operations at a location. No new space is required (e.g., all staff are fully remote or a program has ended).
- **Demolish:** 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.
- **Dispose:** Selling a facility to a non-state agency entity (i.e., removing the facility from the state's inventory) or transferring a facility to a different state agency.

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

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.

SECTION TWO: PROJECT INFORMATION

Field	Description
Was this project part of the 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.
Project Completion Fiscal Year	Select the fiscal year in which the project will be completed.
Requested County	The county where the project is located.
Requested City	The city where the project is located.
Project Type	<p>Close: To shut down all operations at that location. No new space is required (e.g., all staff are fully remote or a program has ended).</p> <p>Demolish: 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.</p> <p>Dispose: Selling a facility to a non-state agency entity (i.e., removing the facility from the state's inventory) or transferring a facility to a different state agency.</p>

SECTION THREE: PROJECT BUSINESS CASE AND ALTERNATIVES

Field	Description
Business Case Questions	Describe project rationale and who will be affected.
What UFI are impacted staff being relocated to?	If staff are being relocated, where are they going?
How does this project support right-sizing office space?	Explain how the proposed project supports the state’s objective to right-size office space in light of increased telework and hybrid work environments.
Equity Questions	Please identify which communities will be positively or negatively impacted by the project and the services provided by the facility, and explain how negative impacts will be mitigated.

SECTION FOUR: PROJECT ONE-TIME COSTS

Field	Description
Estimated One-Time Costs	Enter your agency’s requested one-time cost.
Agency Assumptions	Detail your agency assumptions for the requested 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.
Funding Source Code	Enter OFM recognized fund source code. The codes can be found at: https://ofm.wa.gov/accounting/fund/numeric .
If other funds will be used, please provide rationale and fund source authority	Please describe rationale and authority to use Other funds.

Outlying Years FY 28-31

Use this tab for all proposed projects that would occur in fiscal years 2028-31.

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

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.

SECTION TWO: PROJECT INFORMATION

Field	Description
Was this project part of the 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.
Project Request Type	Up To 20,000 SF Greater Than 20,000 SF
Project Completion Fiscal Year	Select the fiscal year in which the project will be completed.
Requested County	The county where the project is located.



**Project Request Form Instructions
2025-31 Six-Year Facilities Plan**

Requested City	The city where the project is located.
Project Type	<p>Close: To shut down all operations at that location. No new space is required (e.g., all staff are fully remote or a program has ended).</p> <p>Consolidate: To close one or more existing locations and consolidate operations into a different existing location.</p> <p>Demolish: 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.</p> <p>Dispose: Selling a facility to a non-state agency entity (i.e., removing the facility from the state's inventory) or transferring a facility to a different state agency.</p> <p>Major Improvement: A one-time cost exceeding \$250,000 to improve an owned or leased facility, not covered by another Action Type.</p> <p>New Space: A new space that is not currently part of an agency’s facilities inventory. May or may not involve relocating staff.</p> <p>Renew: Renewing in place with a change in square footage.</p>
Primary Space Type	<p>Space type that accounts for at least 60% of the total square footage.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Secondary Space Type	Secondary space type if applicable, otherwise N/A.
Requested Lease Term	<p>The lease term in years.</p> <p>Note: A lease term greater than 10 years requires a life cycle cost analysis.</p>



**Project Request Form Instructions
2025-31 Six-Year Facilities Plan**

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.
Estimated Square Feet	Enter estimated square feet for project.
Will this project result in a change in square feet?	Choose from: Decrease, Increase, No Change
Estimated One-Time Costs	Enter estimated one-time costs for project.
Agency One-Time Cost Assumptions	Provide agency assumptions for estimated one-time costs.

SECTION THREE: PROJECT BUSINESS CASE AND ALTERNATIVES

Field	Description
Business Case	Please describe project rationale, including whether the project supports right-sizing office space.

PROJECT SCENARIOS

1. Agency is renewing and downsizing in place.
 - **ADP Action Type:** *Renew*.
 - **Project Request Form:**
 - Use the *Renew_Change in SQ FT* tab to capture one-time costs as well as changes to square footage and ongoing costs.

2. Agency is closing one existing facility and consolidating into a different facility that *is* part of the agency's current inventory.
 - **ADP Action Type** (for location that is closing): *Consolidate*.
 - **ADP Action Type** (for receptor site¹):
 - If staff are consolidating into an existing location and there is no change in square feet or one-time costs above \$250,000, choose *Renew* for a Leased Facility or *No Action* for an Owned Facility.
 - If the physical footprint of the receptor site is changing, choose *Renew*, complete the entire Planned Actions section of the ADP, and submit a Project Request Form.
 - If the receptor site square footage is not changing but there is a one-time cost that exceeds \$250,000, choose *Major Improvement*.
 - **Project Request Form(s):**
 - Use the *Consolidate_New Space* tab to capture project details for facility that is closing.
 - If there is also a project at the receptor site, submit a separate project request form (e.g., *Renew_Change in SQ FT* or *Major Improvement*).

3. Agency is closing two existing facilities and consolidating into a single facility that *is* part of the agency's current inventory.
 - **ADP Action Type** (for each location that is closing): *Consolidate*.
 - **ADP Action Type** (for receptor site):
 - If staff are consolidating into an existing location and there is no change in square feet or one-time costs above \$250,000, choose *Renew* for a Leased Facility or *No Action* for an Owned Facility.
 - If the physical footprint of the receptor site is changing, choose *Renew*, complete the entire Planned Actions section of the ADP, and submit a Project Request Form.
 - If the receptor site square footage is not changing but there is a one-time cost that exceeds \$250,000, choose *Major Improvement*.

¹ Receptor site refers to an existing owned or leased facility in an agency's portfolio that will absorb staff as part of a consolidation project.

- **Project Request Form(s):**
 - Use the *Consolidate_New Space* tab to capture project details for the facilities that are closing. List both UFI on the form.
 - If there is also a project at the receptor site, submit a separate project request form (e.g., *Renew_Change in SQ FT or Major Improvement*).
- 4. Agency is closing one existing facility and relocating to a facility that *is not* part of the agency's current portfolio.
 - **ADP Action Type** (for location that is closing): *New Space*.
 - **Project Request Form:**
 - Use the *Consolidate_New Space* tab to capture the New Space project details.
- 5. Agency is closing two existing facilities and relocating to a facility that *is not* part of the agency's current portfolio. Both facilities will close during the same fiscal year.
 - **ADP Action Type** (for each facility that is closing): *New Space*.
 - **Project Request Form:** Only one form is required.
 - Use the *Consolidate_New Space* tab to capture the New Space project details. Include both UFIs on the Project Request Form.
- 6. Agency is closing two existing facilities and relocating to a facility that *is not* part of the agency's current portfolio. The facilities will close during different fiscal years.
 - **ADP Action Type** (for location 1 that is closing): *New Space*.
 - **ADP Action Type** (for location 2 that is closing): *Consolidate*.
 - **Project Request Forms:** Submit two forms.
 - Use the *Consolidate_New Space* tab to capture project details for the New Space project.
 - Use the *Consolidate_New Space* tab to capture project details for the Consolidate project.
- 7. In phase one, an agency conducts a major improvement at a future receptor site. In phase two, the agency closes a location and consolidates into the receptor site. Projects are happening in different fiscal years.
 - **ADP Action Type** (receptor site): *Major Improvement*.
 - **ADP Action Type** (for location that is closing): *Consolidate*.
 - **Project Request Forms:** Submit two forms.
 - Use the *Major Improvement* tab to capture project details for the Major Improvement project.
 - Use the *Consolidate_New Space* tab to capture project details for the Consolidate project.