

SPACE ALLOCATION REQUEST FORM

Fill in and submit this form electronically. It can be found at Appendix F in the Building Manager's Handbook, which can be downloaded from the Public Works Department Webpage at https://auth.cnrc.navy.mil/navycni/groups/public/@cnrse/@pensacola/documents/document/cnicp_a142400.pdf ITEMS MARKED WITH ** MUST BE COMPLETED.

Date Submitted:

COMMAND/ORGANIZATION INFORMATION		
**	1	Name of Command/Organization requesting space
**	2	Command UIC
	3	Command acronym
	4	Current address
**	5	Department code
**	6	Current mission
**	7	Is this mission under CNRSE? Yes or No
**	8	Mission Claimant
**	9	Local & BSO points of contact (name/phone/e-mail)
LOADING (MANNING)		
**	10	Current number of personnel. Provide copy of manning documents.
**	11	Estimated personnel in 1 year and 5 years
**	12	Attach current & projected manning documents and organization charts to support this request.
MOVE REQUIREMENT		
**	13	What is the reason for this requirement/move?
	14	Will this consolidate requirements? Increase efficiency? How so?
**	15	Is this move BRAC related? Yes or No
FACILITY REQUIREMENTS		
**	16	Attach BSO approved BFR completed per UFC 2-000-05N for total requirement.
**	17	Type of space required. (Admin, Hangar, Warehouse, Lab, Shop, etc.)
**	18	Amount of space required (square feet)
**	19	Attach updated floor plan of currently assigned space, showing how the space is used, including the deployment of personnel & equipment.
	20	Parking (spaces)
	21	Outside laydown (SF)
	22	Describe special requirements
PROPOSED ACTION		
	23	Proposed move location (if any); describe why location is best.
**	24	Permanent or Temporary (Ending date)
	25	Alternatives (if known)
	26	Location to be vacated. State if none.
**	27	Proposed move date
	28	Provide additional information to help evaluate requirement and solution. If available, include project plans and scope of work.
	29	Facility Exit Plan. State proposed facility condition at end of occupation (Ex: Original, Improved, demolish after use)
ONE-TIME COSTS		
**	30	Funding source for renovations/alterations?
	31	Cost Estimate developed? If yes, please attach.
**	32	Funding source for move (telephone, NMCI MAC, furniture, etc.)
	33	Cost Estimate developed? If yes, please attach.
RELOCATION COST FOR CURRENT USER (if applicable)		
**	34	Funding Source for Preparation of New Site?
	35	Cost Estimate developed? If yes, please attach.
**	36	Funding source for move?
	37	Cost Estimate developed? If yes, please attach.

RECURRING COSTS (O&M)		
**	38	Funding source for interior maintenance and repair?
	39	Cost Estimate developed? If yes, please attach.
**	40	Funding source for exterior maintenance and repair (shell of the building)?
	41	Cost Estimate developed? If yes, please attach.
**	42	Who will be the Maintenance UIC?
OTHER BASE OPERATING SUPPORT COSTS (OBOS)		
**	43	Funding source for Annual Utilities, Telephones, Janitorial, Security, Etc.
	44	Cost Estimate developed? If yes, please attach.
BUSINESS CASE ANALYSIS		
	45	Is this request supported by a Business Case Analysis? If so, please attach.
**	46	Describe negative impact to NASP (e.g.: impacts on neighboring organizations, unreimbursed costs, increased maintenance requirements, safety, security, traffic, air, water and noise pollution)
CONTRACT DETAILS (for contractor space only)		
**	47	Contract Sponsor Name and Contract Number (Provide copy of contract SF-30)
**	48	Period of Performance

Enclosure (2)