

**REQUEST FOR CHANGES TO SPACE AND FIELD OFFICES  
AND LEASE OF FACILITIES**

**INSTRUCTIONS:** Prepare and make distribution in accordance with your Agency/Program internal procedures. Send original completed copy to the Minneapolis Business Site (MBS).

1. REQUEST APPROVAL TO ("X" as appropriate)

See MRP Directive 1620.1 for guidance when completing form.

2. TYPE OF ACTION ("X" as appropriate)

3. TYPE OF FACILITY

4. TARGET DATE  
FOR CHANGE

5. PRESENT ADDRESS

6. PROPOSED ADDRESS

7. TITLE OR ORGANIZATION UNIT

8. ORIGINATING OFFICE

**9. SIGNATURE ROUTING APPROVAL**

**NOTE:** Approval signature(s) required in numerical order indicated. Return disapproved request directly to the originator with written reasons for disapproval.

	AMS	APHIS	GIPSA	SIGNATURE	DATE
Originator (Advisory copy to ASD, MBS, Realty)		1 Routine	1 Routine		
Deputy Administrator (Advisory copy to ASD, MBS, Realty)	1 Routine				
Division Director /Regional Supervisor (Advisory copy to ASD, MBS, Realty)			2 Routine		
Regional Director		2 Routine			
Director, Civil Rights	2 Routine				
Deputy Administrator, Program		3 Non-Routine	3 Non-Routine		
Deputy Administrator, Compliance and Analysis (Agency Review Committee)	3 Non-Routine				
Originator has been notified of approval. Copies have been distributed.					

**JUSTIFICATION STATEMENT (Cite explanations and continuations by item number on separate sheet)**

	YES	NO		YES	NO
10. Is the action consistent with State, regional, or local plans and programs? (If NO, explain on separate sheet.)			13. Have rural locations been considered? (Provide details on separate sheet.)		
11. Is consolidation with other agency or USDA activities possible?			14. Are funds available to meet all needs? (If NO, explain on separate sheet.) Program Code(s)		
12. Will cooperative programs be affected? (If YES, explain on separate sheet.)			15. Length of Lease.		

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16. STAFFING PATTERN (*Identify staffing as full time, part time, State, intermittent, etc.*)

Present Grade and Title

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Proposed Grade and Title

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Instructions for MRP Form 114

Request for Changes to Space and Field Offices  
and Lease of Facilities

1. Check appropriate box(s).
2. Routine: Location with 9 or fewer employees (full time, part time, State, intermittent, etc.) and acquiring/reducing parking spaces; and long term storage (over 180 days).  
Nonroutine: Location with 10 or more employees (full time, part time, State, intermittent, etc.)  
Major Organization Change: Establish, close, or relocate Agency headquarters or regional level office headquarters unit or field unit that reports directly to an administrator or to the head of a Departmental office. Close or relocate a field unit to another Congressional District.
3. Enter Office, Laboratory, Warehouse, Hangar, Storage, etc.
4. Enter date of projected occupancy.
5. Enter current address of facility, if applicable.
6. Enter proposed address, if known.
7. Self-explanatory.
8. Enter current address of originating office.
9. Route for appropriate signatures/dates based on type of action.
10. Self-explanatory.
11. Reference DR 1620-002, USDA Space Management Policy.
12. Self-explanatory.
13. Reference Rural Development Act of 1972.
14. Mandatory – Must provide program code(s) to ensure funding is available.
15. Enter length of lease (indicate years or months).
16. Present Grade and Title: Current grade and title of personnel.  
Proposed Grade and Title: Funded personnel to be hired, not listed in Present Grade and Title block.
17. Self-explanatory.
18. Self-explanatory.