

Typical Requirements (Sheet 1 of 2)

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division:			
		Bureau:			
		Section/Unit:			
		No. of Spaces	@ Net Sq. Ft.	Total Net Sq. Ft.	
		685	various	32,130	
Function of Space: (Provide a description & number of occupants) Modular workstations, files, furniture with associated equipment for the purpose of performing daily agency Call Center functions.			Utilities (place X as appropriate)		
			Heating <input type="checkbox"/>		
			Ventilation <input type="checkbox"/>		
			Cooling <input type="checkbox"/>		
			Winter Cooling (24 hrs x 7 days)		
			Humidification		
			Temperature Control <input type="checkbox"/>		
			Direct Exhaust		
			Water Supply: (Hot & Cold)		
			Floor Drain		
			Wet Type Sprinkler		
			Dry Type Sprinkler		
			Pre-Action Dry Type Sprinkler		
			Chemical Fire Suppression		
			Air/Steam/Oxygen/Vacuum		
			Connect to Emergency Generator <input type="checkbox"/>		
			Connect to UPS		
Relationship to Other Spaces: (Describe as appropriate) Next to: Offices/Interview Room Near: Away From: Other:			Electric Power Receptacles:		
			Type Duplex Quad		
			Voltage 120v 120v		
			Convenience		
			Dedicated		
			Computer		
			Amperes 20		
Finishes: (Indicate material, color to be selected at a later date) Floor: Carpet Tiles Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ()			Lighting		
			Indirect/Direct Recessed (2-tube)		
			Fluorescent, parabolic (2-tube) <input type="checkbox"/>		
			Fluorescent, parabolic (3-tube)		
			Incandescent Down light		
			Fluorescent, Down light		
			Decorative wall sconce		
			Independently switched		
			Dimmer switch(s) Number		
			Communications		
			# of Tel/Data receptacle boxes		
			Intercom		
			Cable TV		
			A/V-Satellite Connection		
			Sound System/Speakers		
			Sound Masking		
			Fiber Optics		
			Utilization of Space		
			7:00 AM - 7:00 PM		
			24 hrs./day x 7 days/week <input type="checkbox"/>		
			Other		
Doors Specify Type					
Single 36" Double 36" Other (specify size & no.)					
Solid Wood: <input type="checkbox"/>					
Hollow Metal: <input type="checkbox"/>					
Rated: <input type="checkbox"/>					
With Glass: <input type="checkbox"/>					
Side Light: <input type="checkbox"/>					
Wall Types: Or As Required By Code			Door Hardware: Specify Type		
Ceiling High Solid: <input checked="" type="checkbox"/>			Passage Lockset: Classroom		
Slab To Slab: <input type="checkbox"/>			Keyed Lockset: Classroom		
Partial Height: <input type="checkbox"/>			Manual Pushpad: <input type="checkbox"/>		
Sound Attenuation: <input type="checkbox"/>			Electric Pushpad: <input type="checkbox"/>		
Rated: <input type="checkbox"/>			Proximity readers: <input type="checkbox"/>		
Other: <input type="checkbox"/>			Other: <input type="checkbox"/>		
Special Needs/Equipment Requirements: (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: Other:			Projector Screen-Manual: Projector Screen-Electric: Ceiling Mount Projector: White Bd w/Presentation Rail: Wall Mounted Tack Strip:		
Special Features & Remarks: (Use 2nd sheet as needed) 1) Computer receptacles shall be duplex and uniquely identified by color. Maximum of 8 receptacles per 20 amp circuit. 2) For each workstation or desk required by tenant, provide 1 - computer duplex receptacle, 1 - combination data/telephone receptacle box, & 3 - duplex convenience receptacles. Maximum 8 convenience receptacles per 20 amp circuit.					

Typical Requirements (Sheet 2 of 2)

Space Program Room Data Sheet

Project Name: NYS Call Center	Division: Bureau: Section/Unit:	
	No. of Spaces @ Net Sq. Ft.	Total Net Sq. Ft.

Special Features & Remarks - Continued

- 3) Addition electrical/telcom/data boxes checked in electrical section of room data sheets are to be provided over and above that required at each staff workstation/desk.
- 4) Provide an additional 20 dedicated 20A duplex receptacles and 20 telecom/data boxes place as directed by OGS for copiers, printers, faxes and other specialized office equipment. Provide access for 750 telecommunication/data cable points (i.e core drilling with flush distribution boxes for powered panels, and/or in wall access with metal boxes, conduits of sufficient size and quantity as determined by design, bushings, and drag line extended to above ceiling and/or in floor wire distribution system, etc.) Landlord to fire seal as required after installation of cabling by others. If powered modular furniture panels are used, Landlord to provide and install power to and final electrical connection to panels and associated equipment .
- 5) Power poles will not be acceptable. Provide service to workstations/desks and office requirements by wall outlets as directed by OGS.
- 6) All Agency and associated spaces including accessibility to and from the outside must be ADA compliant.
- 7) All entrances for access to Agency space and public bathrooms must be ADA compliant.
- 8) Temperature Controls: Maximum of 1/1200sf. Plus additional controls as required to address exterior wall heat loss/gain along with controls as called out in Room Data Sheets. Private offices may be grouped temperature control (unless noted otherwise) or less as required to address heat loads.
- 9) Refer to space forms for additional information including circulation requirements. Space forms and room data sheets should be used together.
- 10) Provide building standard window blinds at all exterior windows and interior glass walls. Existing to remain, supplement as required, colors and styles to match existing.
- 11) Landlord to provide and label (both ends) all wiring for telephone-data lines; CAT 6 wiring or better. All ends terminated by the Landlord. (see Cabling Specifications attached to the RFI).
- 12) A minimum of one convenience outlet is to be installed per 20 LF of corridors for maintenance at landlord's expense or to match local and state code requirements.
- 13) Design parameters for rooms requiring sound isolation shall meet sound transmission class (STC) ratings; large conference rooms, demising walls, toilet rooms STC 45-49. Executive office, conference room s of 4-8 occupants STC 40-44. Mechanical rooms adjacent to wrok areas STC 50-55.
- 14) Agency to have two (2) sub-master keys under building master.
- 15) Items checked within room data sheets for multiple rooms are for each room.
- 16) All lighting must comply with 2010 energy code for occupancy sensors.
- 17) Landlord to supply and install front entrance door intercom and door release.
- 18) Non-Yellowing corner guards on all wall corners.
- 19) Special wall height data/electric outlets to have additional wall blocking to support flat panel monitors.
- 20) Landlord to supply all modular furniture; all free standing office, conference room, quality review modular, relaxation room and lunch room furniture as per Furniture Specifications; not to exceed \$1.8 million.

- 1) Tenant shall have access to the Premises, and the Building 24 hours per day, 7 days a week, 52 weeks per year. The Landlord will provide door readers, door strikes or mag locks, wiring and all components for a Landlord provided electronic HID card access system controlling access to the Building and Tenant's space at all times. Coordinate and connect all proximity readers installed on egress doors to building fire protection system. This system will include proximity card readers and HID access cards or fobs. Landlord will provide and maintain the ID cards at Landlord's cost. Normal office hours are from 7am - 7 pm. Please list, in detail, all security and safety measures Landlord has or plans to have for the Building, including , without limitation, electronic surveillance, guards, lighting, physical barriers, electronic entry control, etc. All wiring for security .
- 2) HVAC heating and cooling systems must be available for operation 7 days per week/ 24 hours per day at additional cost to Tenant for operation outside normal business hours.
- 3) Provide and Install door closers at all main doors entering agency space, secure areas and doors controlled by card access. All doors must have 6" kick plates installed on both sides of door.
- 4) Power Assist to all Entrance and Cross-Entrance Doors to secure space including staff restrooms for ADA compliance.

Office(s)

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division: Bureau: Section/Unit:	
		No. of Spaces @ Net Sq. Ft.	
		5 Various	
		Total Net Sq. Ft. 775	
Function of Space: (Provide a description & number of occupants) Conventional Desks, files, & furniture along with associated equipment for the purpose of performing daily Agency office functions.		Utilities (place X as appropriate)	
		Heating <input type="checkbox"/>	
		Ventilation <input type="checkbox"/>	
		Cooling <input type="checkbox"/>	
		Winter Cooling (24 hrs x 7 days)	
		Humidification	
		Temperature Control <input type="checkbox"/>	
		Direct Exhaust	
		Water Supply: (Hot & Cold)	
		Floor Drain	
		Wet Type Sprinkler	
		Dry Type Sprinkler	
		Pre-Action Dry Type Sprinkler	
		Chemical Fire Suppression	
		Air/Steam/Oxygen/Vacuum	
		Connect to Emergency Generator <input type="checkbox"/>	
		Connect to UPS	
Relationship to Other Spaces: (Describe as appropriate) Next to: As shown on space plan Near: Open Staff Space Away From: Utility spaces, general entry Other:		Electric Power Receptacles:	
		Type Duplex Quad	
		Voltage 120v 120v	
		Convenience 2 ea	
		Dedicated	
		Computer 3	
		Amperes 20	
Finishes: (Indicate material, color to be selected at a later date) Floor: Carpet Tiles Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ()		Lighting	
		Indirect/Direct Recessed (2-tube)	
		Fluorescent, parabolic (2-tube) <input type="checkbox"/>	
		Fluorescent, parabolic (3-tube)	
		Incandescent Down light	
		Fluorescent, Down light	
		Decorative wall sconce	
		Independently switched <input type="checkbox"/>	
		Dimmer switch(s) Number	
Doors Specify Type Single 36" Double 36" Other (specify size & no.) Solid Wood: x Hollow Metal: Rated: With Glass: Side Light: x		Communications	
		# of Tel/Data receptacle boxes 3	
		Intercom	
		Cable TV	
		A/V-Satellite Connection	
		Sound System/Speakers	
		Sound Masking	
		Fiber Optics	
Doors Or As Required By Code Ceiling High Solid: x Slab To Slab: Partial Height: Sound Attenuation: x Rated: Other: cmnr guards		Utilization of Space	
		7:00 AM - 7:00 PM	
		24 hrs./day x 7 days/week <input type="checkbox"/>	
		Other	
Door Hardware: Specify Type Passage Lockset: Keyed Lockset: Classroom Manual Pushpad: Electric Pushpad: Proximity Reader: Other:			
Special Needs/Equipment Requirements: (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: Other:		Projector Screen-Manual: Projector Screen-Electric: Ceiling Mount Projector: White Bd w/Presentation Rail: Wall Mounted Tack Strip:	
Special Features & Remarks: (Use 2nd sheet as needed) Each office to have a workstation as per Typical Requirement Items #1 through #3. Thermostat controls as per Typicals. No more than four (4) offices on one thermostat. Two (2) data lines each office.			

Conference Rooms

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division: Bureau: Section/Unit:			
		No. of Spaces @ Net Sq. Ft.		Total Net Sq. Ft.	
		7 various		1,500	
Function of Space: (Provide a description & number of occupants) Staff training/ Interview Customers.				Utilities (place X as appropriate)	
				Heating <input type="checkbox"/> X	
				Ventilation <input type="checkbox"/> X	
				Cooling <input type="checkbox"/> X	
				Winter Cooling (24 hrs x 7 days) <input type="checkbox"/>	
				Humidification <input type="checkbox"/>	
				Temperature Control <input type="checkbox"/> X	
				Direct Exhaust <input type="checkbox"/>	
				Water Supply: (Hot & Cold) <input type="checkbox"/>	
				Floor Drain <input type="checkbox"/>	
				Wet Type Sprinkler <input type="checkbox"/>	
				Dry Type Sprinkler <input type="checkbox"/>	
				Pre-Action Dry Type Sprinkler <input type="checkbox"/>	
				Chemical Fire Suppression <input type="checkbox"/>	
				Air/Steam/Oxygen/Vacuum <input type="checkbox"/>	
				Connect to Emergency Generator <input type="checkbox"/>	
				Connect to UPS <input type="checkbox"/>	
Relationship to Other Spaces: (Describe as appropriate)					
Next to: Close to Reception Area and General Staff location					
Near: Executive Offices					
Away From: Lunchroom/Breakroom					
Other:					
Finishes: (Indicate material, color to be selected at a later date)					
Floor: Carpet Tile					
Base: Vinyl-Rubber					
Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish)					
Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish)					
Ceiling: Acoustical Lay-in Tile					
Ceiling Hgt: 9'-0"; or specify other as appropriate ()					
Doors Specify Type				Electric Power Receptacles⁽²⁾:	
Single 36"		Double 36"		Other (specify size & no.)	
Solid Wood: <input checked="" type="checkbox"/>					
Hollow Metal: <input type="checkbox"/>					
Rated: <input type="checkbox"/>					
With Glass: <input type="checkbox"/>					
Side Light: <input checked="" type="checkbox"/>					
				Type Duplex Quad	
				Voltage 120v 120v	
				Convenience 2	
				Dedicated	
				Computer up to 5	
				Amperes: 20	
Wall Types: Or As Required By Code		Door Hardware: Specify Type		Lighting	
Ceiling High Solid: <input checked="" type="checkbox"/>		Passage Lockset: <input type="checkbox"/>		Indirect/Direct Recessed (2-tube)	
Slab To Slab: <input type="checkbox"/>		Keyed Lockset: Classroom <input type="checkbox"/>		Fluorescent, parabolic (2-tube) <input checked="" type="checkbox"/>	
Partial Height: <input type="checkbox"/>		Manual Pushpad: <input type="checkbox"/>		Fluorescent, parabolic (3-tube)	
Sound Attenuation: <input checked="" type="checkbox"/>		Electric Pushpad: <input type="checkbox"/>		Incandescent Down light	
Rated: <input type="checkbox"/>		Proximity Reader: <input type="checkbox"/>		Fluorescent, Down light	
Other: crnr guards		Other: <input type="checkbox"/>		Decorative wall sconce	
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)				Independently switched <input checked="" type="checkbox"/>	
Floor load: <input type="checkbox"/>		Projector Screen-Manual: <input type="checkbox"/>		Dimmer switch(s) Number	
Security: <input type="checkbox"/>		Projector Screen-Electric: <input type="checkbox"/>		Communications	
Casework: <input type="checkbox"/>		Ceiling Mount Projector: <input checked="" type="checkbox"/>		# of Tel/Data receptacle boxes up to 5	
Chair Rail: <input checked="" type="checkbox"/>		White Bd w/Presentation Rail: <input type="checkbox"/>		Intercom	
Other: X ⁽³⁾		Wall Mounted Tack Strip: <input type="checkbox"/>		Cable TV	
		Mounts for projectors by LL: <input checked="" type="checkbox"/>		A/V-Satellite Connection	
Special Features & Remarks: (Use 2nd sheet as needed)				Sound System/Speakers	
1. Sidelight to have mini-blinds. 2. Power, data and bracket by Landlord. Agency to provide projector. 3)Floor elec/Data/Phone centered each room.				Sound Masking	
				Fiber Optics	
				Utilization of Space	
				7:00 AM - 7:00 PM	
				24 hrs./day x 7 days/week <input checked="" type="checkbox"/>	
				Other <input type="checkbox"/>	

Quality Review Rooms

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center	Division:		
	Bureau:		
	Section/Unit:		
No. of Spaces @ Net Sq. Ft.		Total Net Sq. Ft.	
2 @ 600		1,200	

Function of Space: (Provide a description & number of occupants) Area set aside for technical assistance to employees for improved quality services; use of agency computers required.	Utilities (place X as appropriate)	
	Heating	X

Relationship to Other Spaces: (Describe as appropriate) Next to: General Staff Area Near: Executive Offices Away From: Lunchroom Other:	Ventilation	X
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Relationship to Other Spaces: (Describe as appropriate) Next to: General Staff Area Near: Executive Offices Away From: Lunchroom Other:	Cooling	X
	Winter Cooling (24 hrs x 7 days)	

Finishes: (Indicate material, color to be selected at a later date) Floor: Carpet Tile Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ()	Humidification	
	Temperature Control	

Doors Specify Type Single 36" Double 36" Other (specify size & no.) Solid Wood: x Hollow Metal: Rated: With Glass: x Side Light:	Electric Power Receptacles:		
	Type	Duplex	Quad

Wall Types: Or As Required By Code Ceiling High Solid: x Slab To Slab: Partial Height: Sound Attenuation: x Rated: Other: crnr guards	Door Hardware: Specify Type Passage Lockset: Keyed Lockset: Classroom Manual Pushpad: Electric Pushpad: Proximity Reader: Other:	Lighting	
		Indirect/Direct Recessed (2-tube)	

Special Needs/Equipment Requirements: (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: x Other:	Projector Screen-Manual: Projector Screen-Electric: Ceiling Mount Projector: x White Bd w/Presentation Rail: x Wall Mounted Tack Strip:	Fluorescent, parabolic (2-tube)	X
		Fluorescent, parabolic (3-tube)	

Special Features & Remarks: (Use 2nd sheet as needed) 1.) Sidelight to have mini-blinds. 2.) Power, data and bracket by Landlord. Agency to provide projector.	Communications	
	# of Tel/Data receptacle boxes	14 ea

Special Features & Remarks: (Use 2nd sheet as needed) 1.) Sidelight to have mini-blinds. 2.) Power, data and bracket by Landlord. Agency to provide projector.	Utilization of Space	
	7:00 AM - 7:00 PM	

(Revised: 1/12/07)

Computer Training Room

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division:		Bureau:		Section/Unit:	
		No. of Spaces @ Net Sq. Ft.		Total Net Sq. Ft.			
		2		1000		2,000	
Function of Space: (Provide a description & number of occupants) ADA accessible. Able to accommodate in excess of 60 people				Utilities (place X as appropriate)			
				Heating <input type="checkbox"/>			
				Ventilation <input type="checkbox"/>			
				Cooling <input type="checkbox"/>			
				Winter Cooling (24 hrs x 7 days) <input type="checkbox"/>			
				Humidification <input type="checkbox"/>			
				Temperature Control <input type="checkbox"/>			
				Direct Exhaust <input type="checkbox"/>			
				Water Supply: (Hot & Cold) <input type="checkbox"/>			
				Floor Drain <input type="checkbox"/>			
				Wet Type Sprinkler <input type="checkbox"/>			
				Dry Type Sprinkler <input type="checkbox"/>			
				Pre-Action Dry Type Sprinkler <input type="checkbox"/>			
				Chemical Fire Suppression <input type="checkbox"/>			
				Air/Steam/Oxygen/Vacuum <input type="checkbox"/>			
				Connect to Emergency Generator <input type="checkbox"/>			
				Connect to UPS <input type="checkbox"/>			
Relationship to Other Spaces: (Describe as appropriate)							
Next to: General Staff Area							
Near: Lunchroom							
Away From: Executive Offices							
Other:							
Finishes: (Indicate material, color to be selected at a later date)							
Floor: Carpet Tile							
Base: Vinyl-Rubber							
Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish)							
Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish)							
Ceiling: Acoustical Lay-in Tile							
Ceiling Hgt: 9'-0"; or specify other as appropriate ()							
Doors Specify Type				Electric Power Receptacles:			
		Single 36"		Double 36"		Other (specify size & no.)	
Solid Wood: <input checked="" type="checkbox"/>							
Hollow Metal: <input type="checkbox"/>							
Rated: <input type="checkbox"/>							
With Glass: <input checked="" type="checkbox"/>							
Side Light: <input type="checkbox"/>							
						Type Duplex Quad	
						Voltage 120v 120v	
						Convenience 2	
						Dedicated 1	
						Computer 2 8	
						Amperes 20	
Wall Types: Or As Required By Code				Door Hardware: Specify Type			
Ceiling High Solid: <input checked="" type="checkbox"/>		Slab To Slab: <input type="checkbox"/>		Passage Lockset: <input type="checkbox"/>		Classroom	
Partial Height: <input type="checkbox"/>		Sound Attenuation: <input checked="" type="checkbox"/>		Keyed Lockset: <input type="checkbox"/>			
Rated: <input type="checkbox"/>		Other: crnr guards		Manual Pushpad: <input type="checkbox"/>			
				Electric Pushpad: <input type="checkbox"/>			
				Proximity Reader: <input type="checkbox"/>			
				Other: <input type="checkbox"/>			
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)							
Floor load: <input type="checkbox"/>		Security: <input type="checkbox"/>		Projector Screen-Manual: <input type="checkbox"/>			
Casework: <input type="checkbox"/>		Chair Rail: <input checked="" type="checkbox"/>		Projector Screen-Electric: <input type="checkbox"/>			
Other: <input checked="" type="checkbox"/>				Ceiling Mount Projector: <input checked="" type="checkbox"/>			
				White Bd w/Presentation Rail: <input checked="" type="checkbox"/>			
				Wall Mounted Tack Strip: <input type="checkbox"/>			
				Mounts for projectors by LL: <input checked="" type="checkbox"/>			
Special Features & Remarks: (Use 2nd sheet as needed)							
1.) Power, data and bracket by Landlord. Agency to provide projector.							
				Lighting			
				Indirect/Direct Recessed (2-tube) <input type="checkbox"/>			
				Fluorescent, parabolic (2-tube) <input checked="" type="checkbox"/>			
				Fluorescent, parabolic (3-tube) <input type="checkbox"/>			
				Incandescent Down light/150 sf/fixt <input checked="" type="checkbox"/>			
				Fluorescent, Down light <input type="checkbox"/>			
				Decorative wall sconce <input type="checkbox"/>			
				Independently switched <input checked="" type="checkbox"/>			
				Dimmer switch(s) Number <input type="checkbox"/>			
				Communications			
				# of Tel/Data receptacle boxes		34 ea	
				Intercom		<input type="checkbox"/>	
				Cable TV		1 ea	
				A/V-Satellite Connection		<input type="checkbox"/>	
				Sound System/Speakers		<input type="checkbox"/>	
				Sound Masking		<input type="checkbox"/>	
				Fiber Optics		<input type="checkbox"/>	
				Utilization of Space			
				7:00 AM - 7:00 PM			
				24 hrs./day x 7 days/week		<input checked="" type="checkbox"/>	
				Other <input type="checkbox"/>			

Server Room/ Telecom Room

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division:		Bureau:		Section/Unit:	
		No. of Spaces @ Net Sq. Ft.		Total Net Sq. Ft.			
		1 200		200			
Function of Space: (Provide a description & number of occupants) Telecommunication Equipment Room with server and communication panel. No permanent occupant. Utilization by equipment is 24/7. MUST BE ASSIGNED ONLY TO AGENCY.				Utilities (place X as appropriate)			
				Heating		X	
				Ventilation		X	
				Cooling		X	
				Winter Cooling (24 hrs x 7 days)		X	
				Humidification			
				Temperature Control		X	
				Direct Exhaust			
				Water Supply: (Hot & Cold)			
				Floor Drain			
				Wet Type Sprinkler			
				Dry Type Sprinkler			
				Pre-Action Dry Type Sprinkler			
				Chemical Fire Suppression			
				Air/Steam/Oxygen/Vacuum			
				Connect to Emergency Generator		X	
				Connect to UPS			
Relationship to Other Spaces: (Describe as appropriate) Next to: Near: Away From: Suite entry door, public space Other:				Electric Power Receptacles:			
				Type		Duplex	
				Voltage		120v	
				Convenience		1	
				Dedicated		x ⁽²⁾ 4	
				Computer		1 4	
				Amperes		20	
Finishes: (Indicate material, color to be selected at a later date) Floor: VCT - Existing to Remain Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ()				Lighting			
				Indirect/Direct Recessed (2-tube)			
				Fluorescent, parabolic (2-tube)		X	
				Fluorescent, parabolic (3-tube)			
				Incandescent Down light			
				Fluorescent, Down light			
				Decorative wall sconce			
				Independently switched		X	
				Dimmer switch(s) Number			
Doors Specify Type				Communications			
Single 36" Double 36" Other (specify size & no.)				# of Tel/Data receptacle boxes		4	
Solid Wood: x				Intercom			
Hollow Metal:				Cable TV			
Rated:				A/V-Satellite Connection			
With Glass:				Sound System/Speakers			
Side Light:				Sound Masking			
				Fiber Optics			
Wall Types: Or As Required By Code				Utilization of Space			
Ceiling High Solid: x		Slab To Slab:		7:00 AM - 7:00 PM			
Partial Height:		Sound Attenuation: x		24 hrs./day x 7 days/week		X	
Rated:		Other:		Other			
Other:							
Door Hardware: Specify Type							
Passage Lockset:		Keyed Lockset: Classroom					
Manual Pushpad:		Electric Pushpad:					
Proximity Reader: x		Other:					
Special Needs/Equipment Requirements: (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: Other:				Projector Screen-Manual: Projector Screen-Electric: Ceiling Mount Projector: White Bd w/Presentation Rail: Wall Mounted Tack Strip:			
Special Features & Remarks: (Use 2nd sheet as needed) 1) 32 SF 3/4" fire rated plywood secured to wall, bottom edge 3' AFF. Paint to match. 2) Estimated heat load to be no more than 20K BTUs for the Server Room. Landlord's mechanical engineer to verify need with Agency IT provider. 3) In each room provide grounding for tenant equipment: wall mounted 4" x 10" ground plate, #4/0 Aught copper cable to building steel.							

Waiting Area

Space Program Room Data Sheet (Insert Room Name above)

Project Name: NYS Call Center	Division:	Bureau:	Location/Unit:	No. of Spaces @ Net Sq. Ft. 1	Total Net Sq. Ft. 150
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Function of Space: (Provide a description & number of occupants) Waiting area for all visitors. Combined seating capacity 5-10.	Utilities (place X as appropriate)
	Heating x
	Ventilation x
	Cooling x
	Winter Cooling (24 hrs x 7 days)
	Humidification
	Temperature Control x
	Direct Exhaust
	Water Supply: Fountain
	Floor Drain

Relationship to Other Spaces: (Describe as appropriate)	
Next to: Reception, Entrance	
Near:	
Away From:	
Other:	

Finishes: (Indicate material, color to be selected at a later date)	
Floor: Carpet Tiles	Wet Type Sprinkler
Base: Vinyl-Rubber	Dry Type Sprinkler
Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish)	Pre-Action Dry Type Sprinkler
Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish)	Chemical Fire Suppression
Ceiling: Acoustical Lay-in Tile	Air/Steam/Oxygen/Vacuum
Ceiling Hgt: 9'-0"; or specify other as appropriate	Connect to Emergency Generator
	Connect to UPS

Doors Specify Type	Electric Power Receptacles⁽¹⁾:
Single 36" <input type="checkbox"/> Double 36" <input type="checkbox"/> Other (specify size & no.) <input type="checkbox"/>	Type Duplex Quad
Solid Wood: <input checked="" type="checkbox"/>	Voltage 120v 120v
Hollow Metal: <input type="checkbox"/>	Convenience 2
Rated: <input type="checkbox"/>	Dedicated
With Glass: <input checked="" type="checkbox"/>	Computer 2
Side Light: <input type="checkbox"/>	Amperes 20

Wall Types: Or As Required By Code	Door Hardware: Specify Type	Lighting
Ceiling High Solid: <input checked="" type="checkbox"/>	Passage Lockset:	Indirect/Direct Recessed (2-tube)
Slab To Slab: <input type="checkbox"/>	Keyed Lockset:	Fluorescent, parabolic (2-tube) x
Partial Height: <input type="checkbox"/>	Manual Pushpad:	Fluorescent, parabolic (3-tube)
Sound Attenuation: <input checked="" type="checkbox"/>	Electric Pushpad: <input checked="" type="checkbox"/>	Incandescent Down light
Rated: <input type="checkbox"/>	Proximity Reader: <input checked="" type="checkbox"/>	Fluorescent, Down light
Other: crnr guards	Other: Security	Decorative wall sconce

Special Needs/Equipment Requirements: (Use 2nd sheet as needed)		
Floor load:	Projector Screen-Manual:	Independently switched x
Security:	Projector Screen-Electric:	Dimmer switch(s) Number
Casework:	Ceiling Mount Projector:	Communications
Chair Rail:	White Bd w/Presentation Rail:	# of Tel/Data receptacle boxes 1
Other:	Wall Mounted Tack Strip:	Intercom x
		Cable TV
		A/V-Satellite Connection

Special Features & Remarks: (Use 2nd sheet as needed) Waiting area to have one 120v/Tel/Data box installed as denoted on drawing 48" AFF and wall to have sufficient backing.	
	Sound System/Speakers
	Sound Masking
	Fiber Optics
	Utilization of Space
	7:00 AM - 7:00 PM
	24 hrs./day x 7 days/week x
	Other

Break Room

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division:		Bureau:		Section/Unit:		
		No. of Spaces		@ Net Sq. Ft.		Total Net Sq. Ft.		
		2		525		1,050		
Function of Space: (Provide a description & number of occupants) Coffee and lunch preparation area for employees: counter with sink and cabinets & wall cabinets. Power for counter microwave, coffee maker, toaster, watercooler and refrigerator. Cabinets for supply storage. ADA accessible all aspects. Seating for 16.				Utilities (place X as appropriate)				
Relationship to Other Spaces: (Describe as appropriate) Next to: General Staff Office Near: Away From: Entry, Waiting Area Other:				Heating				X
				Ventilation				X
Finishes: (Indicate material, color to be selected at a later date) Floor: VCT Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ()				Cooling				X
				Winter Cooling (24 hrs x 7 days)				
Doors Specify Type				Humidification				
				Temperature Control				X
Single 36" Double 36" Other (specify size & no.)				Direct Exhaust				
				Water Supply: (Hot&Cold)				X
Solid Wood:				Floor Drain				
Hollow Metal:				Wet Type Sprinkler				
Rated:				Dry Type Sprinkler				
With Glass:				Pre-Action Dry Type Sprinkler				
Side Light:				Chemical Fire Suppression				
				Air/Steam/Oxygen/Vacuum				
				Connect to Emergency Generator				
				Connect to UPS				
				Electric Power Receptacles:				
				Type	Duplex	Quad		
				Voltage	120v	120v		
				Convenience	4			
				Dedicated	3			
				Computer				
				Amperes	20			
Wall Types: Or As Required By Code		Door Hardware: Specify Type		Lighting				
Ceiling High Solid: X		Passage Lockset:		Indirect/Direct Recessed (2-tube)				
Slab To Slab:		Keyed Lockset:		Fluorescent, parabolic (2-tube) x				
Partial Height:		Manual Pushpad:		Fluorescent, parabolic (3-tube)				
Sound Attenuation:		Electric Pushpad:		Incandescent Down light				
Rated:		Proximity Reader:		Fluorescent, Down light				
Other: crnr guards		Other:		Decorative wall sconce				
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)				Independently switched X				
Floor load:				Dimmer switch(s) Number				
Security:				Communications				
Casework: X ⁽¹⁾⁽³⁾				# of Tel/Data receptacle boxes 2				
Chair Rail:				Intercom				
Other: sink ⁽¹⁾⁽³⁾				Cable TV 1				
accessories ⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾				AV-Satellite Connection				
Special Features & Remarks: (Use 2nd sheet as needed)				Sound System/Speakers				
1.) Counter surface (Min length = 6') for food & coffee preparation w/full height wall guard, solid surface (etc. corian/granite), installed with wall & base cabinets for storage. Provide two				Sound Masking				
(2) double bowl stainless steel sink with gooseneck faucet. 2.) Provide touchless paper towel and touchless liquid soap dispenser. 3.) Installation must be ADA compliant and outlets GFI protected. All cabinets to be wood with solid wood doors. 4) LL to supply and install one(1) each Breakroom 54" two section 49cu.ft reach-in refrigerator and two (2) 1.9 cu ft stainless steel microwave each room.				Fiber Optics				
				Utilization of Space				
				7:00 AM - 7:00 PM X				
				24 hrs./day x 7 days/week				
				Other				

Mail Room

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division: Bureau: Section/Unit:			
		No. of Spaces @ Net Sq. Ft.		Total Net Sq. Ft.	
		1		250	
Function of Space: (Provide a description & number of occupants) Preparation of and packaging of mail; sorting of received items.		Utilities (place X as appropriate)			
		Heating <input checked="" type="checkbox"/>			
		Ventilation <input checked="" type="checkbox"/>			
		Cooling <input checked="" type="checkbox"/>			
		Winter Cooling (24 hrs x 7 days)			
		Humidification			
		Temperature Control			
		Direct Exhaust			
		Water Supply: (Hot&Cold)			
		Floor Drain			
		Wet Type Sprinkler			
		Dry Type Sprinkler			
		Pre-Action Dry Type Sprinkler			
		Chemical Fire Suppression			
		Air/Steam/Oxygen/Vacuum			
		Connect to Emergency Generator <input checked="" type="checkbox"/>			
		Connect to UPS			
Relationship to Other Spaces: (Describe as appropriate) Next to: General Staff Office Near: Stock Room / Loading Dock or Freight Elevator Away From: Entry, Waiting Area Other:		Electric Power Receptacles:			
		Type		Duplex	
		Voltage		120v	
		Convenience		4	
		Dedicated		3	
		Computer		2	
		Amperes		20	
Finishes: (Indicate material, color to be selected at a later date) Floor: VCT Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ()		Lighting			
		Indirect/Direct Recessed (2-tube)			
		Fluorescent, parabolic (2-tube) <input checked="" type="checkbox"/>			
		Fluorescent, parabolic (3-tube)			
		Incandescent Down light			
		Fluorescent, Down light			
		Decorative wall sconce			
		Independently switched <input checked="" type="checkbox"/>			
		Dimmer switch(s) Number			
		Communications			
		# of Tel/Data receptacle boxes		10	
		Intercom			
		Cable TV			
		A/V-Satellite Connection			
		Sound System/Speakers			
		Sound Masking			
		Fiber Optics			
		Utilization of Space			
		7:00 AM - 7:00 PM		<input checked="" type="checkbox"/>	
		24 hrs./day x 7 days/week			
		Other			
Doors Specify Type		Single 36"		Double 36"	
Solid Wood: <input checked="" type="checkbox"/>					
Hollow Metal: <input type="checkbox"/>					
Rated: <input type="checkbox"/>					
With Glass: <input checked="" type="checkbox"/>					
Side Light: <input type="checkbox"/>					
Wall Types: Or As Required By Code		Door Hardware: Specify Type			
Ceiling High Solid: <input checked="" type="checkbox"/>		Passage Lockset: <input type="checkbox"/>			
Slab To Slab: <input type="checkbox"/>		Keyed Lockset: <input type="checkbox"/>		Classroom	
Partial Height: <input type="checkbox"/>		Manual Pushpad: <input type="checkbox"/>			
Sound Attenuation: <input type="checkbox"/>		Electric Pushpad: <input type="checkbox"/>			
Rated: <input type="checkbox"/>		Proximity Reader: <input checked="" type="checkbox"/>			
Other: crnr guards		Other: <input type="checkbox"/>			
Special Needs/Equipment Requirements: (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: Other:		Projector Screen-Manual: Projector Screen-Electric: Ceiling Mount Projector: White Bd w/Presentation Rail: Wall Mounted Tack Strip:			
Special Features & Remarks: (Use 2nd sheet as needed) 1) Power required for two (2) small computer stations, sorting and packaging equipments, copier. Data Lines for copier and workstation, analog line for Neopost machine.					

Staff Restrooms

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division:		Bureau:		Section/Unit:	
		No. of Spaces		@ Net Sq. Ft.		Total Net Sq. Ft.	
		2		various			
Function of Space: (Provide a description & number of occupants) ADA compliant and accessible.				Utilities (place X as appropriate)			
				Heating <input type="checkbox"/>			
				Ventilation <input type="checkbox"/>			
				Cooling <input type="checkbox"/>			
				Winter Cooling (24 hrs x 7 days) <input type="checkbox"/>			
				Humidification <input type="checkbox"/>			
				Temperature Control <input type="checkbox"/>			
				Direct Exhaust <input type="checkbox"/>			
				Water Supply: (Hot&Cold) <input type="checkbox"/>			
				Floor Drain <input type="checkbox"/>			
				Wet Type Sprinkler <input type="checkbox"/>			
				Dry Type Sprinkler <input type="checkbox"/>			
				Pre-Action Dry Type Sprinkler <input type="checkbox"/>			
				Chemical Fire Suppression <input type="checkbox"/>			
				Air/Steam/Oxygen/Vacuum <input type="checkbox"/>			
				Connect to Emergency Generator <input type="checkbox"/>			
				Connect to UPS <input type="checkbox"/>			
Relationship to Other Spaces: (Describe as appropriate)				Electric Power Receptacles:			
Next to: General Staff Office		Single 36"		Type		Duplex	
Near:		Double 36"		Voltage		120v	
Away From: Entry, Waiting Area		Other (specify size & no.)		Convenience		1 ea	
Other:				Dedicated			
Finishes: (Indicate material, color to be selected at a later date)				Computer <input type="checkbox"/>			
Floor: Ceramic				Amperes		20	
Base: Ceramic							
Walls: Ceramic (1-coat primer, 2-coats finish)							
Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish)							
Ceiling: Acoustical Lay-in Tile							
Ceiling Hgt: 9'-0"; or specify other as appropriate ()							
Doors Specify Type				Lighting			
Solid Wood: <input checked="" type="checkbox"/>				Indirect/Direct Recessed (2-tube) <input type="checkbox"/>			
Hollow Metal: <input type="checkbox"/>				Fluorescent, parabolic (2-tube) <input checked="" type="checkbox"/>			
Rated: <input type="checkbox"/>				Fluorescent, parabolic (3-tube) <input type="checkbox"/>			
With Glass: <input type="checkbox"/>				Incandescent Down light <input type="checkbox"/>			
Side Light: <input type="checkbox"/>				Fluorescent, Down light <input type="checkbox"/>			
				Decorative wall sconce <input type="checkbox"/>			
				Independently switched <input checked="" type="checkbox"/>			
				Dimmer switch(s) Number <input type="checkbox"/>			
Wall Types: Or As Required By Code				Communications			
Ceiling High Solid: <input checked="" type="checkbox"/>				# of Tel/Data receptacle boxes <input type="checkbox"/>			
Slab To Slab: <input type="checkbox"/>				Intercom <input type="checkbox"/>			
Partial Height: <input type="checkbox"/>				Cable TV <input type="checkbox"/>			
Sound Attenuation: <input type="checkbox"/>				A/V-Satellite Connection <input type="checkbox"/>			
Rated: <input type="checkbox"/>				Sound System/Speakers <input type="checkbox"/>			
Other: crnr guards				Sound Masking <input type="checkbox"/>			
				Fiber Optics <input type="checkbox"/>			
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)				Utilization of Space			
Floor load: <input type="checkbox"/>				7:00 AM - 7:00 PM <input checked="" type="checkbox"/>			
Security: <input type="checkbox"/>				24 hrs./day x 7 days/week <input type="checkbox"/>			
Casework: <input checked="" type="checkbox"/>				Other <input type="checkbox"/>			
Chair Rail: <input type="checkbox"/>							
Other: sink ⁽¹⁾							
accessories ⁽⁵⁾							
Special Features & Remarks: (Use 2nd sheet as needed)							
1) Touchless faucets, soap and hand towel dispensers required 2) Must meet both NYS Plumbing Code and OSHA Code requirements.							

File Room

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division:			
		Bureau:			
		Section/Unit:			
		No. of Spaces @ Net Sq. Ft.		Total Net Sq. Ft.	
		2 @ 450		900	
Function of Space: (Provide a description & number of occupants) Preparation of and packaging of mail; sorting of received items.			Utilities (place X as appropriate)		
			Heating <input checked="" type="checkbox"/>		
			Ventilation <input checked="" type="checkbox"/>		
			Cooling <input checked="" type="checkbox"/>		
			Winter Cooling (24 hrs x 7 days)		
			Humidification		
			Temperature Control		
			Direct Exhaust		
			Water Supply: (Hot&Cold)		
			Floor Drain		
			Wet Type Sprinkler		
			Dry Type Sprinkler		
			Pre-Action Dry Type Sprinkler		
			Chemical Fire Suppression		
			Air/Steam/Oxygen/Vacuum		
			Connect to Emergency Generator		
			Connect to UPS		
Relationship to Other Spaces: (Describe as appropriate)			Electric Power Receptacles:		
Next to: General Staff Office			Type Duplex Quad		
Near: Stock Room / Loading Dock or Freight Elevator			Voltage 120v 120v		
Away From: Entry, Waiting Area			Convenience 2		
Other:			Dedicated		
			Computer 2		
			Amperes 20		
Finishes: (Indicate material, color to be selected at a later date)			Lighting		
Floor: VCT			Indirect/Direct Recessed (2-tube)		
Base: Vinyl-Rubber			Fluorescent, parabolic (2-tube) <input checked="" type="checkbox"/>		
Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish)			Fluorescent, parabolic (3-tube)		
Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish)			Incandescent Down light		
Ceiling: Acoustical Lay-in Tile			Fluorescent, Down light		
Ceiling Hgt: 9'-0"; or specify other as appropriate ()			Decorative wall sconce		
			Independently switched <input checked="" type="checkbox"/>		
			Dimmer switch(s) Number		
Doors Specify Type			Communications		
Single 36" Double 36" Other (specify size & no.)			# of Tel/Data receptacle boxes 2		
Solid Wood: X			Intercom		
Hollow Metal:			Cable TV		
Rated:			A/V-Satellite Connection		
With Glass:			Sound System/Speakers		
Side Light:			Sound Masking		
			Fiber Optics		
			Utilization of Space		
			7:00 AM - 7:00 PM		
			24 hrs./day x 7 days/week <input checked="" type="checkbox"/>		
			Other		
Wall Types: Or As Required By Code			Door Hardware: Specify Type		
Ceiling High Solid: X			Passage Lockset:		
Slab To Slab:			Keyed Lockset: Classroom		
Partial Height:			Manual Pushpad:		
Sound Attenuation:			Electric Pushpad:		
Rated:			Proximity Reader:		
Other: crnr guards			Other:		
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)					
Floor load:			Projector Screen-Manual:		
Security:			Projector Screen-Electric:		
Casework:			Ceiling Mount Projector:		
Chair Rail:			White Bd w/Presentation Rail:		
Other:			Wall Mounted Tack Strip:		
Special Features & Remarks: (Use 2nd sheet as needed)					
1) Power required for two (2) small computer stations. Shelving and Files to be provided by Tenant.					

Copier/Printer Pods

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division:			
		Bureau:			
		Section/Unit:			
		No. of Spaces @ Net Sq. Ft.		Total Net Sq. Ft.	
		6 various		600	
Function of Space: (Provide a description & number of occupants) In open space areas easily accessible to staff. Non-Occupied Space.				Utilities (place X as appropriate)	
				Heating <input checked="" type="checkbox"/>	
				Ventilation <input checked="" type="checkbox"/>	
				Cooling <input checked="" type="checkbox"/>	
				Winter Cooling (24 hrs x 7 days)	
				Humidification	
				Temperature Control	
				Direct Exhaust	
				Water Supply: (Hot&Cold)	
				Floor Drain	
				Wet Type Sprinkler	
				Dry Type Sprinkler	
				Pre-Action Dry Type Sprinkler	
				Chemical Fire Suppression	
				Air/Steam/Oxygen/Vacuum	
				Connect to Emergency Generator <input checked="" type="checkbox"/>	
				Connect to UPS	
Relationship to Other Spaces: (Describe as appropriate)				Electric Power Receptacles:	
Next to: General Staff Office				Type Duplex Quad	
Near:				Voltage 120v. 120v	
Away From:				Convenience 2	
Other:				Dedicated	
				Computer 28	
				Amperes 20	
Finishes: (Indicate material, color to be selected at a later date)				Lighting	
Floor: Carpet Tile				Indirect/Direct Recessed (2-tube)	
Base: Vinyl-Rubber				Fluorescent, parabolic (2-tube) <input checked="" type="checkbox"/>	
Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish)				Fluorescent, parabolic (3-tube)	
Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish)				Incandescent Down light	
Ceiling: Acoustical Lay-in Tile				Fluorescent, Down light	
Ceiling Hgt: 9'-0"; or specify other as appropriate ()				Decorative wall sconce	
				Independently switched <input checked="" type="checkbox"/>	
				Dimmer switch(s) Number	
Doors Specify Type				Communications	
Single 36" Double 36" Other (specify size & no.)				# of Tel/Data receptacle boxes 28	
Solid Wood:				Intercom	
Hollow Metal:				Cable TV	
Rated:				A/V-Satellite Connection	
With Glass:				Sound System/Speakers	
Side Light:				Sound Masking	
				Fiber Optics	
Wall Types: Or As Required By Code				Utilization of Space	
Ceiling High Solid: <input checked="" type="checkbox"/>				7:00 AM - 7:00 PM	
Slab To Slab:				24 hrs./day x 7 days/week <input checked="" type="checkbox"/>	
Partial Height:				Other	
Sound Attenuation:					
Rated:					
Other: crnr guards					
Door Hardware: Specify Type					
Passage Lockset:					
Keyed Lockset:					
Manual Pushpad:					
Electric Pushpad:					
Proximity Reader:					
Other:					
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)					
Floor load:					
Security:					
Casework:					
Chair Rail:					
Other:					
Projector Screen-Manual:					
Projector Screen-Electric:					
Ceiling Mount Projector:					
White Bd w/Presentation Rail:					
Wall Mounted Tack Strip:					
Special Features & Remarks: (Use 2nd sheet as needed)					

Relaxation Lounge

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division: Bureau: Section/Unit:																			
		No. of Spaces @ Net Sq. Ft. 2	Total Net Sq. Ft. 125 250																		
Function of Space: (Provide a description & number of occupants) Standard Chairs and Sofas intended to allow staff to de-stress from call volume.		Utilities (place X as appropriate)																			
Relationship to Other Spaces: (Describe as appropriate) Next to: General Staff location Near: Executive Offices Away From: Utility spaces Other:		<input checked="" type="checkbox"/> Heating <input checked="" type="checkbox"/> Ventilation <input checked="" type="checkbox"/> Cooling <input type="checkbox"/> Winter Cooling (24 hrs x 7 days) <input type="checkbox"/> Humidification <input checked="" type="checkbox"/> Temperature Control <input type="checkbox"/> Direct Exhaust <input type="checkbox"/> Water Supply: (Hot & Cold) <input type="checkbox"/> Floor Drain <input type="checkbox"/> Wet Type Sprinkler <input type="checkbox"/> Dry Type Sprinkler <input type="checkbox"/> Pre-Action Dry Type Sprinkler <input type="checkbox"/> Chemical Fire Suppression <input type="checkbox"/> Air/Steam/Oxygen/Vacuum <input type="checkbox"/> Connect to Emergency Generator <input type="checkbox"/> Connect to UPS																			
Finishes: (Indicate material, color to be selected at a later date) Floor: Carpet Tile Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ()		<input type="checkbox"/> Electric Power Receptacles ⁽²⁾ : <table border="1"> <thead> <tr> <th>Type</th> <th>Duplex</th> <th>Quad</th> </tr> </thead> <tbody> <tr> <td>Voltage</td> <td>120v</td> <td>120v</td> </tr> <tr> <td>Convenience</td> <td>3</td> <td></td> </tr> <tr> <td>Dedicated</td> <td></td> <td></td> </tr> <tr> <td>Computer</td> <td>3</td> <td></td> </tr> <tr> <td>Amperes</td> <td>20</td> <td></td> </tr> </tbody> </table>		Type	Duplex	Quad	Voltage	120v	120v	Convenience	3		Dedicated			Computer	3		Amperes	20	
Type	Duplex	Quad																			
Voltage	120v	120v																			
Convenience	3																				
Dedicated																					
Computer	3																				
Amperes	20																				
Doors Specify Type		Lighting																			
	Single 36"	Double 36"	Other (specify size & no.)																		
Solid Wood: <input checked="" type="checkbox"/>																					
Hollow Metal: <input type="checkbox"/>																					
Rated: <input type="checkbox"/>																					
With Glass: <input type="checkbox"/>																					
Side Light: <input type="checkbox"/>																					
Wall Types: Or As Required By Code	Door Hardware: Specify Type	<input checked="" type="checkbox"/> Indirect/Direct Recessed (2-tube) <input checked="" type="checkbox"/> Fluorescent, parabolic (2-tube) <input type="checkbox"/> Fluorescent, parabolic (3-tube) <input type="checkbox"/> Incandescent Down light <input type="checkbox"/> Fluorescent, Down light <input type="checkbox"/> Decorative wall sconce <input checked="" type="checkbox"/> Independently switched <input type="checkbox"/> Dimmer switch(s) Number																			
Ceiling High Solid: <input checked="" type="checkbox"/>	Passage Lockset: <input checked="" type="checkbox"/>																				
Slab To Slab: <input type="checkbox"/>	Keyed Lockset: <input type="checkbox"/>																				
Partial Height: <input type="checkbox"/>	Manual Pushpad: <input type="checkbox"/>																				
Sound Attenuation: <input checked="" type="checkbox"/>	Electric Pushpad: <input type="checkbox"/>																				
Rated: <input type="checkbox"/>	Proximity Reader: <input type="checkbox"/>																				
Other: cmnr guards	Other: <input type="checkbox"/>																				
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)		Communications																			
Floor load: <input type="checkbox"/>	Projector Screen-Manual: <input type="checkbox"/>	<input type="checkbox"/> # of Tel/Data receptacle boxes 3 <input type="checkbox"/> Intercom <input type="checkbox"/> Cable TV <input type="checkbox"/> A/V-Satellite Connection <input type="checkbox"/> Sound System/Speakers <input type="checkbox"/> Sound Masking <input type="checkbox"/> Fiber Optics																			
Security: <input type="checkbox"/>	Projector Screen-Electric: <input type="checkbox"/>																				
Casework: <input type="checkbox"/>	Ceiling Mount Projector: <input type="checkbox"/>																				
Chair Rail: <input checked="" type="checkbox"/>	White Bd w/Presentation Rail: <input type="checkbox"/>																				
Other: <input type="checkbox"/>	Wall Mounted Tack Strip: <input type="checkbox"/>																				
Special Features & Remarks: (Use 2nd sheet as needed)		Utilization of Space																			
		<input type="checkbox"/> 7:00 AM - 7:00 PM <input checked="" type="checkbox"/> 24 hrs./day x 7 days/week <input type="checkbox"/> Other																			

Lunch Room - Vending Area

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: NYS Call Center		Division:		Bureau:	
		Section/Unit:			
		No. of Spaces @ Net Sq. Ft.		Total Net Sq. Ft.	
		1 @ 1200		1,200	
Function of Space: (Provide a description & number of occupants) Coffee and lunch preparation area for employees: counter with sink and cabinets & wall cabinets. Power for counter microwave, coffee maker, toaster, watercooler and refrigerator. Cabinets for supply storage. ADA accessible all aspects. Seating for 16.			Utilities (place X as appropriate)		
			Heating <input type="checkbox"/>		
			Ventilation <input type="checkbox"/>		
			Cooling <input type="checkbox"/>		
			Winter Cooling (24 hrs x 7 days) <input type="checkbox"/>		
			Humidification <input type="checkbox"/>		
			Temperature Control <input type="checkbox"/>		
			Direct Exhaust <input type="checkbox"/>		
			Water Supply: (Hot&Cold) <input type="checkbox"/>		
			Floor Drain <input type="checkbox"/>		
			Wet Type Sprinkler <input type="checkbox"/>		
			Dry Type Sprinkler <input type="checkbox"/>		
			Pre-Action Dry Type Sprinkler <input type="checkbox"/>		
			Chemical Fire Suppression <input type="checkbox"/>		
			Air/Steam/Oxygen/Vacuum <input type="checkbox"/>		
			Connect to Emergency Generator <input type="checkbox"/>		
			Connect to UPS <input type="checkbox"/>		
Relationship to Other Spaces: (Describe as appropriate)			Electric Power Receptacles:		
Next to: General Staff Office			Type Duplex Quad		
Near:			Voltage 120v 120v		
Away From: Entry, Waiting Area			Convenience 4		
Other:			Dedicated 8		
			Computer		
			Amperes 20		
Finishes: (Indicate material, color to be selected at a later date)					
Floor: VCT					
Base: Vinyl-Rubber					
Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish)					
Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish)					
Ceiling: Acoustical Lay-in Tile					
Ceiling Hgt: 9'-0"; or specify other as appropriate ()					
Doors Specify Type					
Single 36" Double 36" Other (specify size & no.)					
Solid Wood:					
Hollow Metal:					
Rated:					
With Glass:					
Side Light:					
Wall Types: Or As Required By Code		Door Hardware: Specify Type		Lighting	
Ceiling High Solid: <input checked="" type="checkbox"/>		Passage Lockset:		Indirect/Direct Recessed (2-tube)	
Slab To Slab:		Keyed Lockset:		Fluorescent, parabolic (2-tube) <input type="checkbox"/>	
Partial Height:		Manual Pushpad:		Fluorescent, parabolic (3-tube)	
Sound Attenuation:		Electric Pushpad:		Incandescent Down light	
Rated:		Proximity Reader:		Fluorescent, Down light	
Other: crnr guards		Other:		Decorative wall sconce	
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)			Independently switched <input type="checkbox"/>		
Floor load:			Dimmer switch(s) Number		
Security:			Communications		
Casework: <input checked="" type="checkbox"/> ⁽¹⁾⁽³⁾			# of Tel/Data receptacle boxes 1		
Chair Rail:			Intercom		
Other: sink ⁽¹⁾⁽³⁾			Cable TV 1		
accessories ⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾			A/V-Satellite Connection		
			Sound System/Speakers		
			Sound Masking		
			Fiber Optics		
Special Features & Remarks: (Use 2nd sheet as needed)			Utilization of Space		
1.) Counter surface (Min length = 6') for food & coffee preparation w/full height wall guard, solid surface (etc. corian/granite), installed with wall & base cabinets for storage. Provide two (2) double bowl stainless steel sink with gooseneck faucet. 2.) Provide touchless paper towel and touchless liquid soap dispenser. 3.) Installation must be ADA compliant and outlets GFI protected. All cabinets to be wood with solid wood doors. 4) LL to supply and install two (2) 54" two section 49cu.ft reach-in refrigerator and two (2) 1.9 cu ft stainless steel microwave. 6) Wall mount and blocking for up to 54" TV.			7:00 AM - 7:00 PM <input type="checkbox"/>		
			24 hrs./day x 7 days/week		
			Other		

