



Client Project Agreement - Part 2 Strategic Requirements

Public Buildings Service, Office of Portfolio Management and Customer Engagement

Version 3.0 January 2020

Purpose: The Client Project Agreement (CPA) serves as the agreement from the customer to secure strategic requirements no later than 30 months prior to expiring occupancy (12 months prior to the OMB submission for prospectus projects), allowing our customers and the taxpayers the opportunity to reduce space and rent for the government's overall budget. Planning earlier will also help mitigate the risk of costly lease extensions and provides adequate time for the government to strategically negotiate and secure mission-driven space actions for the mutual benefit of the customer and the taxpayer.

Part 2: Basic Project Information

Project Name			
Project Description			
Existing OA Number(s)			
Agency Bureau Code(s)			
Primary Agency Name			
Agency POC Name		GSA Planning Manager	
Agency POC Email		GSA Planning Manager Email	
Agency POC Phone		GSA Planning Manager Phone	
Building Name (if known)		Draft OA Number(s)	
Proposed Address			
City, State			
Project Number(s)			
Estimated Term (in months)		# Months Firm	OA Effective Date
Initial Housing Solution			OA Expiration Date 12/29/3799

If initial housing recommendation is Leased, what is the proposed lease action, if identified during the planning phase. If the recommendation is anything other than full and open, the LCO must be consulted with and in agreement of the strategy prior to finalizing the strategy.

Part 2a: Space Type Information

Anticipated R/U Factor	1.150000000	All in UR	0	Total USF / Occupant Count = All in UR	
Number of Occupants	10	Office UR	0	Office Space / Occupant Count = Office UR	
				USF*	RSF
Office Space				0.00	0.00
Office Support Space				0.00	0.00
Special Space Subtotal <small>(You may enter in the Space Type Field customer specific space names, and then using the drop down box, select the space type based on GSA Space Standards - see the Space Types tab for descriptions)</small>				0.00	0.00
Space Type				0.00	0.00
Space Type				0.00	0.00
Space Type				0.00	0.00
Space Type				0.00	0.00
Space Type				0.00	0.00
Space Type				0.00	0.00
Space Type				0.00	0.00
Warehouse (WRH) (occupied or unoccupied)				0.00	0.00
Total Square Feet				0.00	0.00
Other (Wareyard)				0.00	
Antenna (enter # of antennas)				0.00	

* The USF entered should represent the net square feet and any circulation required for that space.

Should this Occupancy Agreement be Non-Cancelable based on Pricing Policy? Be sure and document reason for N/C OA in narrative.

Requirements: Explain the mission and operational need; identify any unique requirements/criteria

Unique Requirements and Operational Needs	Description of Requirement or Operational Need
Does the customer have any adjacency requirements or restrictions?	
Does the customer have any floor level requirements or restrictions?	
Does the customer have set back or site fencing requirements?	
Does the customer have unique or specific floor plate or column spacing?	

Does the customer have a public facing/lobby/waiting area requirement?		
Does the customer have a holding cell/secure area requirement?		
Does the customer have a requirement for a sallyport or carport?		
Are there requirements for wareyard or exterior covered storage?		
Any requirements for large vehicles?		
<i>ex: buses or trailers with ability to pull into the parking lot and exit by driving through to another side (2 entrances/egress in the parking area), Turning radius requirements</i>		
Is the Facility Security Level known or are there unique security requirements?		
Does the customer have a requirement for ad hoc additional services?		
Does the customer have a server room/other type room that will require 24/7 operation?		
Does the occupancy requirement 24/7 operations in full or in part?	Hours of Operation	to
<i>Standard Operation is 5 days a week, 10 hours a day, or 50 hours per week.</i>	Days per Week	Total Hrs per Week

Part 2b: Parking Information

Govt Vehicles/Official Parking	Number of Spaces	Secured/Unsecured	Reserved/Unreserved
Surface	0		
Structured	0		
Visitor Parking	Number of Spaces	Secured/Unsecured	Reserved/Unreserved
Surface	0		
Structured	0		
Employee Parking	Number of Spaces	Secured/Unsecured	Reserved/Unreserved
Surface	0		
Structured	0		
			Determination and Findings Waiver
			If yes, please attach

Part 2c: Utilization Rate and/or Space Reduction Strategy

Planning Manager: Please use the space below to describe the space utilization rate approach being utilized by the client. If the client is unsure of the standard, have them refer to their current Reduce the Footprint (RTF) Space Plan their agency provided to OMB.

Confirm UR Methodology meets Customer UR Standard		
Does this project provide an opportunity for Cost Savings over the life of the occupancy?		
Confirm Union Agreement to revised workplace standard		<i>Should be provided by the agency</i>
Does the customer have an Agency Design Guide/Design Standards		

Confirm Union Agreement to revised workplace standard		<i>Should be provided by the agency</i>
Does the customer have an Agency Design Guide/Design Standards		

Part 2d: Final Space Strategy

Explain the PBS proposed strategy for the customer. You must document why the final space strategy was proposed and agreed to, including information on cost savings, shared services, consolidations, etc. If no change is being proposed, then you must document why a stay in place/no change strategy best serves the taxpayers and the customers mission. For new requirements, please discuss the customers mission requirements for this space.

Federal Vacant Space Inventory Check (mandatory):	
Is vacant federally-controlled space available?	Please select Yes or No, if Yes, see below.
If yes, but not backfilling, please explain why vacant federally-controlled space is not suitable for the customer.	

Federal Vacant Space Inventory Check (mandatory):	
Is vacant federally-controlled space available?	Please select Yes or No, if Yes, see below.
If yes, but not backfilling, please explain why vacant federally-controlled space is not suitable for the customer.	

Part 2e: Location and Delineated Area Confirmation

Map attached to this agreement	Insert Link
Mission driven justification attached to this agreement	Insert Link

Part 2f: Initial Schedule Parameter/Risks (add attachments as applicable)

Schedule Parameters / Constraints

Risks / Opportunities (high-level summary)
--

Part 2g: Other Considerations

GSA Procured Furniture (if applicable)		GSA Disposal Services Needed	
GSA Procured Move Support Needed		RWA (As-is, TI buy-down, Above TI Allowance)	

Part 2h: Preliminary Budget (this section may vary in completeness based on information available or solution sought)*

Estimated Market Rent	Rate per RSF	Annual Amt	
Shell Rate/Fully Serviced Rate	\$0.00	\$0.00	Base TI \$49.13
Operating Rate	\$0.00	\$0.00	LCI
Real Estate Taxes (Leased)	\$0.00	\$0.00	Tier
Total Single Year	\$0.00	\$0.00	Amortization Term 96 Months
Estimated Rent Over Term of Lease (excluding TIs)		\$0.00	Amortization Rate 7.000 %
			State Name City

Funding Type	Amount	Funding	
TI General	\$0		If the costs are identified as RWA, the customer must provide funds prior to contract award for the scope of the RWA. Any other Funding Source would be repaid as part of Rent. Cost estimates as part of the CPA are Rough Order of Magnitude and do not constitute solicitation for RWA funds. These estimates do not include fees.
TI Custom	\$0		
TI Allowance	\$0		
Above Allowance (if known)	\$0		
Total Initial TI Estimate/Cost Over TI Term	\$0.00	\$0	
Functional Cost Estimate	\$0		If a functional cost estimate is used, Allowance will zero out.
Building Specific Amortized Capital (BSAC)	\$0		
Non-Rent Related Funding			Enter Purpose of Funding if known
Funding Source #1	\$0		
Funding Source #2	\$0		
Funding Source #3	\$0		
Consolidation Funding (if applicable)	\$0		
FIT Funding (if applicable)	\$0		
Total Estimated Initial Project Cost	\$0	Over Estimated Term	

Part 2i: CPA CHECKLIST (link deliverable documents as applicable)

SF-81 or Agency Space Request	Signed RDA Compliance Memo
Project Reduces Agency Footprint	DA Mission Justification (if applicable)
Agency Design Guide / Standards	Parking Justification (if applicable)
Agency Standard U/R Confirmed	Completed FSH Risk Use Permit (GSA Form 12002)
Agency Unique Requirements	Draft OA
Lease Cost Analysis (if applicable)	Milestone Schedule

Part 2j: Client Project Acknowledgement and Agreement

The customer's concurrence acknowledges that the information captured on the CPA is accurate. If these requirements change, the Planning Manager must work with applicable PBS stakeholders and the customer POC(s) authorized to update this Agreement. Parties should re-sign if changes include reducing the delineated area or increasing utilization rates above agency standards, or if no standard exists, then changes above 150 square feet per person, office-only. This concurrence can be in the form of a signed CPA, a SF81 Space Request form (aligning with the PBS recommendation), or an email concurring to the CPA recommendation.

By signing below, all parties state that, to the best of their knowledge, this information is accurate.

Tenant Agency Agreement

Signature _____	Date _____
Printed Name (Agency Designated Representative) _____	Title _____

GSA/PBS Agreement

Signature _____	Date _____
Printed Name (PBS Representative) _____	Planning Manager Title _____

<i>Signature</i>	Date _____
<i>Printed Name (PBS Representative)</i>	Projects Program Manager Title