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RECONSTITUTION QUESTIONNAIRE

REQUIREMENT: Presidential Policy Directive 40 (PPD-40), *National Continuity Policy*, mandates Federal Departments and Agencies (D/As) to report reconstitution requirements to the General Services Administration (GSA) annually. To assist in scoping of the Federal Government's reconstitution plans and programs, organizations should internally identify and document anticipated reconstitution needs for their headquarters facilities by completing and submitting the Standard Form 2050 (SF2050), Reconstitution Questionnaire.

GUIDANCE: Instructions for completing this form and additional guidance can be found starting on page 8. For additional assistance or if you have questions, send your unclassified request to questionsSF2050@gsa.gov, or call GSA at (202) 501-0012.

FORM SUBMISSION: Blank copies of the SF 2050 may be downloaded from the GSA Forms Library at <https://www.gsa.gov/reference/forms/reconstitution-questionnaire>. Instructions for classified submission of this form or any other questions can be answered through GSA's Office of Mission Assurance by sending your unclassified request to questionsSF2050@gsa.gov, or calling GSA at (202) 501-0012.

SECTION 1 – INFORMATION SUMMARY

1. DEPARTMENT INFORMATION	
a. Name of Agency:	b. Agency Bureau Code:
c. Current Location of Primary Facility (City and State):	

2. CURRENT CONDITIONS PRIMARY FACILITY			
a. Personnel Count	b. Unclassified Office SF	c. Classified/SCIF SF	d. Public Facing SF
e. Warehouse SF	f. # Structured Parking	g. # Unstructured Parking	h. Acreage of Open Land in Use
i. Other/Custom Enclosed Space (e.g., Lab, Holding Cells, Showers, Locker Rooms, etc.). Please list all types in existing space. (attach additional sheets if necessary)			
j. Does your agency currently have other location(s) that could support your reconstitution needs? If "Yes, All Needs": skip to Section 8, number 18. If "Yes, Some Needs": complete this form listing only those needs not covered by other location(s) (see Instructions for additional details and examples).			<input type="checkbox"/> No <input type="checkbox"/> Yes, All Needs <input type="checkbox"/> Yes, Some Needs

3. PROJECTED RECONSTITUTION NEEDS			
a. Personnel Count	b. Unclassified Office SF	c. Classified/SCIF SF	d. Public Facing SF
e. Warehouse SF	f. # Structured Parking	g. # Unstructured Parking	h. Acreage of Open Land Needed
i. Other/Custom Enclosed Space Type and SF (e.g., Lab 150 SF, Holding Cells 2: 100 SF each, Showers, Locker Rooms, etc.). Please list all types needed. Attach additional pages as necessary.			

SECTION 2 – RECONSTITUTION POINTS OF CONTACT

4. PRIMARY POINT OF CONTACT

a. Name and Title

b. Primary Phone Number

c. Email

5. BACK-UP POINT OF CONTACT

a. Name and Title

b. Primary Phone Number

c. Email

6. UNCLASSIFIED INFORMATION TECHNOLOGY POINT OF CONTACT

a. Name and Title

b. Primary Phone Number

c. Email

7. CLASSIFIED INFORMATION TECHNOLOGY POINT OF CONTACT

a. Name and Title

b. Primary Phone Number

c. Email

8. SECURITY OFFICE (SECURITY ADMINISTRATION PROGRAMS) POINT OF CONTACT

a. Name and Title

b. Primary Phone Number

c. Email

SECTION 3 – OFFICE SPACE AND FURNITURE REQUIREMENTS

9. GENERAL OFFICE SPACE REQUIREMENTS

What is the maximum number of personnel who will be in the facility on any given day? (Questions 9a, 9b, and 9c will be used for employee restroom requirement counts. Specialty requests should be included in Box 9m.)

a. Females

b. Males

c. Total

d. Do you require office space? If "No", skip to number 10.

No

Yes

e. Kitchenettes/Break Rooms (specify number)

f. Training Rooms (specify SF and number)

g. Storage Rooms (specify SF and number)

h. Conference Rooms (specify SF and number)

i. Enclosed Offices (specify SF and number)

j. Planning Rooms (specify SF and number)

k. Briefing Rooms (specify SF and number)

l. Archive Rooms (specify SF and number)

9. GENERAL OFFICE SPACE REQUIREMENTS (continued)	
m. Specify SF and number of each type of specialty space listed in 3i. (attach additional sheets if necessary)	
n. What is your minimum Office SF requirement (including all items listed in General Office Space Requirements)?	

10. FURNITURE REQUIREMENTS			
a. Do you require furniture? If "No", skip to 11. If "Yes", how many of each of the following do you require?			<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Workstation Tables	c. Cubicles	d. Chairs	e. File Cabinets
f. Desks	g. Lockers	h. Safes	i. Conference Tables
j. Specify additional or specialty furniture requirements. (e.g., known reasonable accommodation requirements, sit/stand desks, etc.) (Attach additional sheets if necessary)			

11. SPECIALTY REQUIREMENTS	
a. Do you require on-site billeting?	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Do you require a cafeteria or restaurant on site? (usually only if location is greater than 150,000 SF or more than 15,000 building occupants)	<input type="checkbox"/> No <input type="checkbox"/> Yes
c. Does your organization require a mail processing facility in the immediate proximity of the building?	<input type="checkbox"/> No <input type="checkbox"/> Yes
d. Do you require on-site childcare facilities?	<input type="checkbox"/> No <input type="checkbox"/> Yes
e. Do you require transportation of personnel to the reconstitution site?	<input type="checkbox"/> No <input type="checkbox"/> Yes
f. Do you require access to public transportation?	<input type="checkbox"/> No <input type="checkbox"/> Yes

SECTION 4 – COMMUNICATIONS REQUIREMENTS

12. NETWORK, PHONE, AND FAX REQUIREMENTS		
a. Do you require network, phone, and/or fax lines? If "No", skip to 13.		<input type="checkbox"/> No <input type="checkbox"/> Yes
b. What unclassified data network types do you require?	c. Do you require WiFi transmitters?	d. What classified data network types do you require?

12. NETWORK, PHONE, AND FAX REQUIREMENTS (continued)			
e. How many unclassified workstations do you require?	f. How many classified workstations do you require?	g. How many server racks do you require?	
h. Do you need special video teleconference equipment? If "Yes", specify number and type.	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	Classified	Unclassified
i. Do you need fax machines? If "Yes", specify number and type.	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	Classified	Unclassified
j. Do you need ISDN phone lines? If "Yes", specify number and type.	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	Classified	Unclassified
k. Do you need analog phone lines? If "Yes", specify number and type.	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	Classified	Unclassified
l. Do you need VoIP phone lines? If "Yes", specify number and type.	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes	Classified	Unclassified

13. TELEPHONE CIRCUIT FORWARDING	
a. Do you have a primary telephone circuit number at the impacted facility? If "No", skip to 14. If "Yes", please provide. _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Do you have a disaster routing service for the telephone service at the impacted facility? If "Yes", how many employees are trained in the use of the disaster routing service?	<input type="checkbox"/> No <input type="checkbox"/> Yes Trained Employees
c. Please provide all additional numbers associated with the primary circuit of the impacted facility specifying how it is associated, including the billing number.	
d. What is the physical address (including floor number if applicable) of the impacted facility where the telephone service terminates?	

14. RADIO AND SATELLITE REQUIREMENTS	
a. Do you have radio or satellite connectivity requirements? If "No", skip to 15.	<input type="checkbox"/> No <input type="checkbox"/> Yes
b. Do you require High Frequency or Automatic Link Establishment (HF/ALE) radios? If "No", skip to 14d. If "Yes", how many?	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ HF/ALE radios
c. If you require specific radios, specify types or models and how many of each here. Type: _____ Number: _____ Model: _____ Number: _____ Type: _____ Number: _____ Model: _____ Number: _____	
d. Do you require satellite services? (Select all that apply) If "No", skip to 15. If "Yes, other", specify type here: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, voice <input type="checkbox"/> Yes, data <input type="checkbox"/> Yes, video <input type="checkbox"/> Yes, other

14. RADIO AND SATELLITE REQUIREMENTS (continued)

How many of the following are required?

e. Unclassified satellite phones

f. Classified satellite phones

g. Cable/Satellite drops

SECTION 5 – WAREHOUSE AND STORAGE REQUIREMENTS**15. WAREHOUSE AND STORAGE REQUIREMENTS**

a. Do you have warehouse or storage requirements?

If "No", skip to 16.

If "Yes, but outdoor only", skip to 15i.

 No Yes Yes, but outdoor only

b. How much indoor storage space do you need?

Specify amount and type of measurement.

cubic feet

square feet

c. What is your minimum clear ceiling height requirement for the indoor warehouse space?

d. What, if any, are your minimum Bay Width, Bay Depth, and/or Column Spacing requirements?

e. What are your warehouse floor surfacing special requirements? (select one)

 None Other (specify) Class 1 Class 2 Class 3

f. Do you require loading docks?

If "No", skip to 15i. If "Yes", how many? _____

 No Yes

g. Minimum truck turning radius

h. What are your special loading dock requirements? (e.g., none, hydraulic dock levelers, 18-wheeler staging area, etc.)

i. Do you require a fenced Wareyard?

If "Yes", specify size: _____ SF

 No Yes

j. Do you require CONEX or shipping type containers?

If "Yes", how many? _____

 No Yes

k. Do you require these warehouse or storage needs in close proximity to another building or facility?

If "Yes", specify if it is an existing location or if it is not existing (i.e. the space requested on this form).

If existing, provide location address here:

 No Yes, existing Yes, not existing

l. Specify any additional warehouse or storage requirements here:

SECTION 6 – HVAC AND POWER REQUIREMENTS**16. HVAC AND POWER REQUIREMENTS**

a. Do you have special HVAC requirements for equipment or server rooms?

If "No", skip to 17.

 No Yes

18. MISCELLANEOUS REQUIREMENTS (continued)

b. What service contracts do you require? (select all that apply)

 Computers IT/Network and Telecommunications Services Local and Long-Distance Telephone Service Furniture and Personal Property Disposal Security Products and Services Movement Coordination of Personnel/Equipment Other (specify) _____ None Janitorial Food Mechanical HVAC Plumbing Security Emergency Generator Maintenance

c. Specify any additional requirements not already covered by this form including any chemical, biological, radiological, nuclear, and/or high yield explosives (CBRNE) equipment you need provided. Attach additional sheets if necessary.

SECTION 9 – ATTACHMENTS**19. ADDITIONAL ATTACHMENTS**

a. Additional attachments included as part of this submission. (check all that apply)

 None Agency Space Standards Staff List Planned Reconstitution Organization Chart List of Customer Representatives with Contractors Agency Physical Security Requirements Other (specify) _____ Other (specify) _____ 2i Current Other/Custom Enclosed Space additional sheets 3i Reconstitution Other/Custom Enclosed Space additional sheets 9m SF & number of each type listed in 3i additional sheets 10i additional or specialty furniture requirements additional sheets 19c any additional requirements additional sheets Other (specify) _____ Other (specify) _____**SECTION 10 – SIGNATURE AND CERTIFICATION****20. SIGNATURE AND CERTIFICATION**

By completing this section, I certify I have authority to respond on behalf of the agency listed in 1a.

a. The information provided in all sections have been reviewed and verified as of _____ (month/year)

b. Name and Title

c. Signature

d. Email

e. Primary Phone Number

PURPOSE: This questionnaire is designed to assist executive departments and agencies (D/As) in thoroughly identifying and documenting their physical reconstitution needs. Completion of this form will enable a clearer understanding of pertinent needs, capabilities and planning requirements.

STIPULATIONS: The following stipulations apply to this questionnaire:

1. Submission of this form does not obligate the government nor guarantee future funding, rather this notifies GSA of currently projected needs and enhances the continual development of Whole of Government reconstitution planning efforts.
2. The focus of concern for accurate data gathering on this questionnaire is the Headquarters and Headquarters Alternate Facility sites for each D/A.
3. If this form will contain any classified information, contact questionsSF2050@gsa.gov or call GSA at (202) 501-0012 prior to filling out the form.
4. Following a major reconstitution event, D/As may occupy a temporary replacement facility for an undetermined amount of time. Request prioritization will become requisite in an environment of limited availability.
5. Office of Management and Budget Directive 16-1, Minimum Requirements for Continuity Communications Capabilities applies to the Section 4 - Communications Requirements section of this form.
6. SF refers to ANSI/BOMA Office Area (ABOA) square feet (SF). When estimating future square footage requirements, GSA recommends employing an industry standard of 200 square feet per full time employee.
7. Unless you answer "Yes, All Needs" in box 2j, a minimum of the letter "a" should be completed in each subsequent box of the questionnaire. Only skip questions if you are instructed to do so by the questionnaire. Do not completely skip any boxes unless all of your reconstitution requirements are already met by alternate locations already under the control of your agency.

INSTRUCTIONS:

Section 1 - Information Summary

Box 1, a-c: Enter the complete name of the Agency for which the form is being completed as well as the 4-digit Agency Bureau (AB) Code and the City and State of the Primary Headquarters Facility.

Box 2, a-i: Provide the information for the existing Primary Headquarters Facility.

Box 2, j: Answer "No" if your agency does not have any other location(s) that could support your Reconstitution Needs. Complete the full questionnaire for all of your Reconstitution Needs.

Answer "Yes, All Needs" if your agency does not anticipate needing any assistance with Reconstitution Needs including Office Space, Furniture, Communications, Storage, Security, etc. Skip to Section 8, number 18 and proceed from there.

Answer "Yes, Some Needs" if your agency already has another location that can support some of your Reconstitution Needs. Complete the full questionnaire, but only enter the information for the Reconstitution Needs NOT already covered by your alternate location. For example, if your Primary Headquarters Facility is 100,000 SF, but you have an alternate location that can cover 20,000 SF of need, complete the questionnaire only for the 80,000 SF NOT covered by your alternate location.

Box 3, a-i: Complete this information based on your anticipated Reconstitution Needs. In the example above, for "Yes, Some Needs", this is where you would enter the 80,000 SF of Projected Reconstitution Needs.

Section 2 - Reconstitution Points of Contact

Boxes 4-8: Provide the name, job title, primary phone number, and email address for the Primary, Back-Up, Unclassified IT, Classified IT, and Security Office Points of Contact respectively.

Section 3 - Office Space and Furniture Requirements

Box 9, a-n: Complete with information regarding General Office Space Requirements your agency anticipates needing assistance with. If your agency requires specialty spaces not specified here, these should be included in Box 9m.

Box 10, a-j: Complete with information regarding any assistance needed with Furniture Requirements.

Box 11, a-f: Complete each letter separately. These are less common requirements that will need special consideration when seeking reconstitution space or locations.

Section 4 - Communications Requirements

Follow the requirements as laid out in the Office of Management and Budget Directive 16-1, Minimum Requirements for Continuity Communications Capabilities. You may need to consult with your POC listed in box 6 or box 7.

Box 12, a-l: Complete this information with your agency's network phone, and fax requirements. If your agency requires internet as part of your Reconstitution Requirements, 12a should be answered "Yes" and 12b should list hardline and/or WiFi as well at the CAT level if you have a specific requirement.

Box 13, a-d: Complete with the necessary information if you have a primary telephone circuit number at your main headquarters facility.

Box 14, a-g: Complete with your agency's radio and satellite requirements. If you have a specific number of radios or satellites that you need.

Section 5 - Warehouse and Storage Requirements

Box 15, a-l: Complete with your agency's warehouse, wareyard, and additional storage requirements. If you only need general office space and do not need special floor load requirements or storage only space, answer "No" to 15a. If you only need fenced wareyard space, but no indoor storage space, answer "Yes, but outdoor only" to 15a.

Section 6 - HVAC and Power Requirements

Box 16, a-h: Complete with any specialty requirements your agency has in this category. If your agency's needs will be met as long as the space meets standard GSA Lease Requirements, answer "No" to 16a.

Section 7 - Security Requirements

You may need to consult with your POC listed in box 8.

Box 17a: If your agency only needs standard requirements, but no specialty requirements, answer "No" and complete the Facility Security Level (FSL) of your standard requirements before skipping to box 18. Consult with your POC listed in box 8 or PBS regarding what FSL you have at your current facility. If your agency needs specialized security requirements or classified workspace, answer "Yes" and complete the rest of the section.

Box 17b: The most common answer to this box is to list what parts of your Agency Physical Security Requirements document applies to your Reconstitution Needs. If you only have minimal requirements, you can list them here instead.

Box 17 c-g: Complete with classified requirements and any additional special security requirements.

Section 8 - Miscellaneous Requirements

Box 18a: Complete with the number of each type of vehicle and/or electric vehicle charging stations (EVCS) you will need/provided as part of your reconstitution needs. Only complete the information your agency does not already have access to at your alternate facility.

For example, if you will need 8 GOV SUVs, 10 GOV Sedans, and 5 EVCSs as part of your reconstitution needs, but you will already have 6 GOV SUVs and 4 GOV Sedans, but 0 EVCSs at your alternate facility, you would answer:

Yes

Type: GOV SUV Quantity 2

Type: GOV Sedan Quantity 6

Type: EVCS Quantity 5

Box 18b: Check each box for the types of service contracts your agency anticipates needing in the case of a Reconstitution Event. If you do not anticipate the need for any service contracts, check the box "None".

Box 18c: List any additional requirements not already covered somewhere else in this questionnaire.

Section 9 - Attachments

19a: Check each box for the documents you are attaching as part of your SF2050 Submission. If you do not have any additional attachments, check the box "None".

Section 10 - Signature and Certification

Box 20a: List the month and year the information you are completing was last verified. For example, if you verified the information in August of 2023, list August of 2023. Even if you are signing the document in August of 2024.

Box 20 b-e: Complete with the Name, Title, and Contact information of the person signing the document. This person should have the authority to confirm Reconstitution Requirements for the agency listed in 1a. Usually this person is the same person as the Primary Reconstitution POC listed in box 4. If box 2j has the answer "Yes, All Needs" checked, this person must have the authority to confirm all Reconstitution Needs of the agency listed in 1a that are expected to be met by alternate facilities already under the agency's control.