

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).
See MRP Directive 1620.1 for guidance when completing form.

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

Establish Office Close Office Relocate Office Renew Lease Expand Space Reduce Space

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

Routine (Dept. approval not required)
Nonroutine (Dept. approval required)

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 Director, Administrative Services Division (ASD), MBS, with written reasons for disapproval.

AMS

APHIS

GIPSA

SIGNATURE

Originator (Advisory copy to ASD, MBS, Realty)

1

1

Deputy Administrator (Advisory copy to ASD, MBS, Realty)

1

Division Director /Regional Supervisor (Advisory copy to ASD, MBS, Realty)

2

Regional Director

2

Director, Civil Rights

2

Deputy Administrator, Program

3

3

Deputy Administrator, Compliance & Analysis (Agency Review Committee)

3

Originator has been notified of approval. Copies have been distributed.

INITIALS

DATE

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

10. Is the action consistent with State, regional, or local plans and programs? (If NO, explain on separate sheet).

YES

NO

13. Are funds available to meet all needs? (If NO, explain on separate sheet).

YES

NO

11. Is consolidation with other agency or USDA activities possible?

Accounting Code(s)

14. Have rural locations been considered? (Provide details on separate sheet)

12. Will cooperative programs be affected? (If YES, explain on separate sheet).

15. STAFFING PATTERN

Present Grade and Title

Proposed Grade and Title

16. DESCRIPTION OF ACTIVITY, JUSTIFICATION FOR PROPOSED ACTION, LOCATION (if location is not entire city, specify boundaries and justify area desired), AND AN ORGANIZATIONAL PROPOSAL FOR NON ROUTINE ACTIONS. (If more space is needed, attach separate sheet).

17. DESCRIBE PROGRAM NEEDS, INCLUDING ADMINISTRATIVE SUPPORT FURNISHINGS AND EQUIPMENT, SPECIAL PURPOSE SPACE, PARKING NEEDS, AND SPECIAL REQUIREMENTS TO ACCOMMODATE PERSONS WITH DISABILITIES. (If more space is needed, attach separate sheet).