

***Social and Health Service Providers in Los Alamos County
2018 Space Assessment***

Assessment Goals: We are conducting an assessment to help determine the space needs of existing social and health service providers in Los Alamos County. The goal is to try and find efficiencies for each provider through possible colocation options as appropriate. Note: at this time there is no funding to provide anything beyond a simple schematic design and possible floorplan. Possible uses of the schematic design could be to collaboratively seek outside funding sources such as grants or private donors.

Process: We are seeking your help to seek out all existing providers that might fit into this concept and see if they are willing to fill out this information. Once completed and returned to us, we will compile and then facilitate a meeting with the providers to determine the proper groupings of providers. From there, we will develop the schematic drawing and possible floorplan to present back to the group.

Name of Organization: _____

Type(s) of Service Provided: _____

Point of Contact **Name:** _____

Email: _____

Phone: _____

Current location

Total sq. ft. (including offices, conference space, lobby, etc.): _____ sq. ft.

Total lease payments you pay: \$_____/month

Total lease payments you have waived: \$_____/month

Total utility payments: \$_____/month

OVER →

If colocation was available

- Desired sq. ft. (please clearly articulate each room size and if the space is private or shared):

Ex: *Lobby: 300 sq. ft. (circle one: private or **shared**) (special considerations: lobby will be used by adults with behavioral health needs)*

Ex: *Pharmacy: 150 sq. ft. (circle one: **private** or shared) (special considerations: pharmacy needs to meet many special requirement by state. Provider can describe better when needed)*

Room 1: _____: _____ sq. ft. (circle one: private or shared)

Room 2: _____: _____ sq. ft. (circle one: private or shared)

Room 3: _____: _____ sq. ft. (circle one: private or shared)

Room 4: _____: _____ sq. ft. (circle one: private or shared)

Room 5: _____: _____ sq. ft. (circle one: private or shared)

- Monthly money you anticipate you would be able to put towards a collocated facility for lease and utilities: \$_____/month

Please add any additional notes you feel will be helpful for us to understand your space requirements.

Please fill out and return via email to csd@lacnm.us or deliver to CSD Administration, 1000 Central Ave. Ste. 310 no later than **January 19, 2018**. Thanks.