

**COMPANY NAME**  
**INITIAL NEEDS ANALYSIS**

1. \_\_\_\_\_ currently has approximately \_\_\_\_\_ square feet on the \_\_\_\_\_ floor. In the \_\_\_\_\_, this equates to \_\_\_\_\_ usable square feet. What is the required square footage for this project?

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2. Which submarket do you want to office to be located near?

Downtown \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_ South \_\_\_\_\_ Southwest \_\_\_\_\_

3. What age building do you want to be in?

1-10 years \_\_\_\_\_ 20+ years \_\_\_\_\_  
10-20 years \_\_\_\_\_ No preference \_\_\_\_\_

4. Do you have a preference for a particular location within the building?

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5. Is view important?

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6. Do you want a common conference room in the building?

( ) Yes ( ) No

7. Do you have an ideal floor plate size?

( ) Yes ( ) No

10-15,000 SF \_\_\_\_\_  
15-25,000 SF \_\_\_\_\_  
25,000 SF + \_\_\_\_\_

8. Do you have a need for on-site storage?

( ) Yes ( ) No

9. Are there any support facilities or amenities that are required but not provided for now?

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10. Is close proximity to food service establishments important to your location?

( ) Yes ( ) No

If yes, then list, in order of priority, the type of establishments that are important to you.

\_\_\_\_\_ First Class (for entertaining)  
\_\_\_\_\_ Inexpensive (for staff)  
\_\_\_\_\_ Catering (for in-house events)

11. Is close proximity to hotels important to your location?

( ) Yes ( ) No

If yes, why?

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## GRUBB & ELLIS COMPANY

### NEEDS ANALYSIS

#### INTRODUCTION

The attached questionnaire ensures we properly understand your needs and concerns regarding your existing location and potential relocation alternatives.

This information will also be helpful in executing a real estate strategy that remains consistent with \_\_\_\_\_ goals and objectives.

Please answer each question and provide as much detail as possible. We look forward to working with you to ensure a successful evaluation.

Where we have asked you to "rate" your answer on a scale of 1-5, 5 would be Excellent, 1, Poor.

Thank you.

**GRUBB & ELLIS COMPANY**

**PERSON(S) COMPLETING QUESTIONNAIRE**

<p>1. NAME _____          ADDRESS _____          PHONE _____          FAX _____</p>	<p>2. NAME _____          ADDRESS _____          PHONE _____          FAX _____</p>
<p>3. NAME _____          ADDRESS _____          PHONE _____          FAX _____</p>	<p>4. NAME _____          ADDRESS _____          PHONE _____          FAX _____</p>

**EXISTING FACILITY LOCATION**

**PRE-PLANNING CHECKLIST**

<u>EXISTING FACILITY LOCATION</u>	<u>ITEM</u>	<u>COMPLETED</u>
ADDRESS _____ _____	1. Copy of Lease & escalations	_____
PHONE _____ _____	2. Budget	_____
FAX _____	3. Organization Chart/ Employee Addresses	_____

**1. EXISTING FACILITY**

a) Describe function of this office:

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b) How many employees in this office? Total Employees \_\_\_\_\_

c) Is existing facility adequate? Yes ( ) No ( ) Rate: 1 2 3 4 5  
If not adequate, why?

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d) How do you feel about the configuration of the office? Rate: 1 2 3 4 5

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How could the configuration be improved?

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e) Is the existing premises secure? Yes ( ) No ( )

Comments:

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**2. OFFICE USE**

- a) Area required \_\_\_\_\_ SF
- b) Do you require a zip-code location analysis of existing employees on a map?  
Yes ( ) No ( )
- c) Do you utilize extensive after hours HVAC? Explain:

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- d) Do you need 24 hour AC for computers, phones or other related equipment?  
Explain:

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- e) Are there unusual electrical or design criteria integral to your offices? Explain:

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- f) Are your offices directly linked to main frame or other facilities outside of a particular region? Explain:

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- g) Discuss the level of security you must have and any ideas you may have for its provision.

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- h) Is there need for any of the following computer equipment?

Raised floor? \_\_\_\_\_ Size: \_\_\_\_\_  
Halon or other fire protection systems? \_\_\_\_\_  
Any special electrical requirements? \_\_\_\_\_  
Any special air conditioning units? \_\_\_\_\_

**3. LEASE/FINANCIAL INFORMATION**

a) Are there budgeting considerations which dictate a maximum amount the company can spend on leasing or acquisitions? Explain:

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b) Would you prefer free rent or, a level or reduced occupancy schedule in lieu of free rent?

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c) Describe preferred term length and renewal options.

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d) Would you pay more for a better facility? Yes ( ) No ( )  
Explain:

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e) Preferred landlord concessions/lease terms (indicate a "check mark" and amount required, if known)

Moving allowance \$ \_\_\_\_\_  
Design allowance \$ \_\_\_\_\_  
Construction allowance \$ \_\_\_\_\_  
Outside Consultant Fee \$ \_\_\_\_\_  
Option to renew term ( )  
Lease pick up \$ \_\_\_\_\_  
Furniture allowance \$ \_\_\_\_\_

CPI vs. Fixed increase: CPI ( ) Fixed ( )  
Termination Option: Yes ( ) No ( )  
When? \_\_\_\_\_  
How much space? \_\_\_\_\_  
Contraction Option: \_\_\_\_\_  
When? \_\_\_\_\_  
How much space? \_\_\_\_\_

Comments: \_\_\_\_\_

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**4. GROWTH HISTORY**

- a) How much space did you originally occupy? \_\_\_\_\_ SF  
When was this? \_\_\_\_\_ (year)  
If applicable, indicate below the additional space taken by year

SF ADDED

YEAR SPACE  
WAS TAKEN

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

- b) Are options for additional space required? Yes ( ) No ( )

Explain: \_\_\_\_\_

\_\_\_\_\_

- c) When would this space be needed? \_\_\_\_\_

- d) Should option space be contiguous? Yes ( ) No ( )

- e) Are options for reducing space required? Yes ( ) No ( )

- f) How much option space is required? \_\_\_\_\_

- g) When would the space reduction occur?

Comments: \_\_\_\_\_

\_\_\_\_\_

**5. GEOGRAPHIC BOUNDARIES**

- a) How would you rate your existing location in terms of accessibility, ease of access, etc.

Rate: 1 2 3 4 5

Comments: \_\_\_\_\_

\_\_\_\_\_

- b) Are there geographical boundaries that a relocation should stay within. (i.e. Streets, Freeways). Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- c) Are there areas you do not want to move in (i.e. certain cities or counties)

\_\_\_\_\_

\_\_\_\_\_

**6. DEMOGRAPHIC INFORMATION**

In order for Grubb & Ellis to consider the relative importance of this criteria, an initial assessment must be made of these demographic patterns. Please provide the following data to assist us.

- a) Are your facilities located advantageously in relation to your visitors and your employees? Have you considered relocation and, if so, where?

\_\_\_\_\_

\_\_\_\_\_

- b) Where do most of the key employees live and staff?

\_\_\_\_\_

\_\_\_\_\_

- c) How important is it for your business to be located near where employees live?

( ) Very important ( ) Important, but not essential ( ) Not important

- d) How would you rate your location in terms of priority to employees?

Rate: 1 2 3 4 5

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- e) What do you consider reasonable travel time from your employee's home to your business location?
- ( ) 15 Minutes    ( ) 30 Minutes    ( ) 45 Minutes  
 ( ) 1 Hour        ( ) 1 Hour plus
- f) Is the location of future employees an important criteria in your strategic planning?
- ( ) Yes    ( ) No

If yes, then please rate the relative importance of this criteria for each of the following classifications of employees. Base your rating on the following scale.

1 = Not Important    5 = Very Important

Senior Management	( )	( )	( )	( )	( )
Middle Management	( )	( )	( )	( )	( )
Administrative Staff	( )	( )	( )	( )	( )
Other (Indicate)	( )	( )	( )	( )	( )

**7. TRANSPORTATION**

How would you rate your location in terms of transportation accessibility?

Rate: 1   2   3   4   5

- a) Is it important for you to be in close proximity to an airport? If Yes, please state the name of the airport (if more than one airport) and how close in maximum minutes of driving times do you need to be to the airport?

( ) Yes    ( ) No    Name of Airport \_\_\_\_\_  
 \_\_\_\_\_Maximum minutes of driving time

- b) How close do you need to be located to a major highway?

( ) Direct access (within 1/4 mile)  
 ( ) Close proximity (1/4-1 mile)  
 ( ) Not important

Which highway(s)?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- c) What percentage of your employees use the mass transit system?

- Less than 10%
- 10-25%
- 25-50%
- 50% or greater

d) Which types of mass transit?

- Train
- Bus
- Other

e) How close do you need to be to a mass transit stop?

- Immediate adjacency (within 2 blocks)
- Close proximity (within 1/4 miles)
- Not important

**8. PROXIMITY TO OTHER OFFICES, OPERATIONS FACILITIES, SUPPLIES, AND VENDORS**

a) Is it important for you to be located in close proximity to any other offices or support facilities? Yes  No

If yes, then please provide Grubb & Ellis with the name of the facility and its address:

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b) Is it important for you to be located in close proximity to any of your suppliers or vendors? Yes  No

If yes, then please provide Grubb & Ellis with the name of the supplier and/or vendor and its address:

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**PROXIMITY TO OTHER GROUPS**

a) Do you need to be in close proximity to any other corporate groups or departments? Yes  No

If yes, then please provide Grubb & Ellis with a list of those groups and their present addresses.

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- b) Is it important for you to be in a convenient location for outside visitors?  
Yes ( ) No.( )

If yes, please provide Grubb & Ellis with the following information:

- c) Percentages of visitors which fit into the following classifications:  
\_\_\_\_\_ % Local  
\_\_\_\_\_ % Out of town commuters (do not require lodging or similar accommodations)

- d) What mode of transportation do these visitors use most often to arrive at your location?

Automobile _____	Rental Car _____
Taxi _____	Mass transit _____
Limousine _____	Shuttle bus/courtesy van _____
Helicopter _____	

- e) What is the most common point of origin in the greater metropolitan area?

Residence _____	Business/Commercial location _____
Airport _____	Bus Terminal _____
Other: _____	

## 9. BUILDING INFORMATION

### GENERAL INFORMATION

- a) What type of building is best suited for this requirement?

High Rise	_____
Mid Rise	_____
Low Rise	_____
Single Story	_____
R & D	_____
Industrial	_____
Other	_____

- b) What is your preference of construction materials?

Cement	_____
Granite	_____
Concrete tilt-up	_____
Steel frame & glass	_____

Brick \_\_\_\_\_  
Other \_\_\_\_\_

c) What age building do you want to be in?

1 - 5 years \_\_\_\_\_ 10+ years \_\_\_\_\_  
6-10 years \_\_\_\_\_ No preference \_\_\_\_\_

d) Do you want a mixed-use project or a free standing building?

Free standing \_\_\_\_\_ Campus setting \_\_\_\_\_  
Mixed-use \_\_\_\_\_ Suburban location \_\_\_\_\_  
Urban location \_\_\_\_\_

e) Do you have a preference for a particular location within the building?

\_\_\_\_\_

f) Is view important?

\_\_\_\_\_

g) Do you want a common conference room in the building?

( ) Yes ( ) No

h) Will your facility need truck doors or loading docks? How many?

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What size? \_\_\_\_\_

i) Do you have an ideal floor plate size?

( ) Yes ( ) No

10-15,000 SF \_\_\_\_\_  
15-25,000 SF \_\_\_\_\_  
25,000 SF + \_\_\_\_\_

j) Do you have need for on-site storage?

Yes  No

k) Do you need raised computer floors or halon fire systems?

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l) Are there any support facilities that are required but not provided for now? (i.e. lounges, exercise areas, cafeterias, etc.)

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m) Do any of these facilities have to be located in certain areas of the floor plan?  
Explain: \_\_\_\_\_

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## 10. AMENITIES

How would you rate your existing building in terms of amenities?

Rate: 1 2 3 4 5

Comments: \_\_\_\_\_

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a) Is close proximity to food service establishments important to your location?  
 Yes  No

If yes, then list, in order of priority, the type of establishments that are important to you.

\_\_\_\_\_ First class (for entertaining)

\_\_\_\_\_ Inexpensive (for staff)

\_\_\_\_\_ Catering (for in-house events)

b) Is close proximity to shopping and other retail activities important to your business location?

Yes  No

If yes, why? \_\_\_\_\_

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c) Is close proximity to recreational facilities important to your location?

( ) Yes ( ) No

If yes, why? \_\_\_\_\_

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d) Is close proximity to hotels important to your location?

( ) Yes ( ) No If yes, why?

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e) Is close proximity to child-care centers desirable?

( ) Yes ( ) No

Explain: \_\_\_\_\_

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e) Are there any other amenities that are important to you? List, in order of priority, the amenities that are most desirable. Indicate if they should be within walking distance or driving distance.

	Amenity	Walking Distance	Driving Distance
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____

**11. GENERAL QUESTIONS**

- a) Is building signage of importance to the company? Yes ( ) No ( )
- b) Secondary \_\_\_\_\_ or major signage \_\_\_\_\_
- c) Security required?  
24-hour manned Yes ( ) No ( )  
Card key access Yes ( ) No ( )  
Other \_\_\_\_\_
- d) Parking required?  
Reserved spaces Yes ( ) No ( )  
# required \_\_\_\_\_  
Enclosed parking Yes ( ) No ( )  
Surface parking Yes ( ) No ( )

Use the space provided below to address any additional comments which in your opinion, bear consideration with respect to the location of your business. Please be as specific and concise as possible.

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- e) What is the objective of the client?

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**12. PLEASE PROVIDE ANY OTHER COMMENTS BELOW:**