STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION

FUNCTIONAL SPACE ANALYSIS (FSA)

Date:

AGENCY	
ADDRESS	CITY
PHONE NUMBER	
NAME OF PERSON MAKING REQUEST	

STAFF - OFFICE AND WORKSTATION REQUIREMENT

Qty. of FTE	Position Title (as listed in SAMII)	Space Category*	Private Office/Open Cubicle	Sq. Ft.	Additional Requirements	Total Sq. Ft.
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
		-				0
0	**Staff Total**				**Staff Sq. Ft. Total**	0

** Reference chapter 3 of State of Missouri Space Standards*

FUNCTIONAL SUPPORT ROOMS REQUIREMENT *(Reception Area, Interview Room, Conference Room, File Room, Break Room, Restrooms)*

Qty.	Type of Support Rooms	Maximum # of People	Sq. Ft.	Additional Requirements	Total Support Room Sq. Ft.
	-				0
	-				0
	-				0