

# **EXHIBIT V**

## **PROGRAMMING QUESTIONNAIRE**

**FOR**

**SAN BERNARDINO COUNTY**

**303 W. 5<sup>TH</sup> STREET DESIGN-BUILD  
PROJECT**

**PROJECT NUMBER 10.10.1699**



**SAN BERNARDINO  
COUNTY**



## INSTRUCTIONS

We kindly request your cooperation in filling out this form, which aims to gather essential information about your Department's operational requirements, adjacency needs, meeting and training needs, parking, storage, and filing requirements, as well as overall work patterns. Your valuable and accurate input will play a crucial role in assessing the macro-level space needs of your department.

Please provide your responses in the designated boxes adjacent to each question. Once you have completed the survey, a representative from Griffin *may* arrange follow-up building site surveys or meetings with you and the County's Project Manager to delve deeper into your responses and discuss any further details.

Please email your form to [dalamo@griffinstructures.com](mailto:dalamo@griffinstructures.com) by **Tuesday, April 16**, and contact Dustin Alamo by email or (949) 280-4441 with any questions.

## CONTACT INFORMATION

Date:	April 2, 2024
Name & Title:	Carrie Harmon, Director
Current Location (building/floor):	560 E. Hospitality Lane, Suite 200, San Bernardino, CA
Department:	Community Development and Housing
Phone / Email:	909-501-0641

## PURPOSE & FUNCTIONS

Briefly describe the **primary purpose or functions** of your department.

The Community Development and Housing Department provides financial assistance in the form of loans and grants to various entities such as public and private housing developers, nonprofit agencies, and government partners at different levels to facilitate the development, renovation, and preservation of affordable housing units. Additionally, the department offers permanent supportive housing and secure shelter options for individuals with low to moderate incomes and those who are homeless or at risk of homelessness.

**Please also provide the most current organizational chart for your department and identify those divisions which are in and around the City of San Bernardino as the study will not be addressing areas of your operation in remote locations.**



## DEPARTMENT HEADCOUNT

The County's Human Resources (HR) department has compiled the **enclosed staffing list** featuring presently budgeted positions. This spreadsheet aims to support the identification of space requirements for County operations. Please consult and enhance this spreadsheet as you validate your **current** headcount per staff position. Specify the type of space each position currently occupies or should occupy, aligning with the County's Updated Facility Planning Policy, and provide the corresponding locations of these individuals.

### Other Considerations

Does your department headcount fluctuate due to part time help, special projects, interns, or seasonal workloads? Do you have staff that is in the field most of the time? Please describe.

The department headcount fluctuates due to grant funding and one-time funding which allows for contract or consulting work including intern staff for necessary recruitment.

Is your department's current area sufficient for your operations? Will technology have an impact on how your department operates? Example: physical file storage will be limited due to scanning/cloud storage.

Currently, our location is not sufficient for the current operation. Technology would have a positive impact on our environment. It would reduce the need for hard copy file storage, allow stakeholders to meet with the team remotely, allow for remote trainings and technical assistance for providers countywide, and support more efficient telework.

Do you know (or foresee) any future changes to your department? It is imperative to note the County's future growth policy, which stipulates a maximum allowable increase of 10% from the current staffing levels. Any requisitions for additional growth necessitate approval from the Chief Executive Officer.



### ADJACENCY REQUIREMENTS

Please complete the table below, indicating any desired adjacencies to other departments. Please rank the level of preferred adjacency using the following categories:

**~~\*\*\*NOT USED\*\*\*~~**





## MEETING REQUIREMENTS

Please indicate the types of meetings your department typically holds. Include the meeting type, average number of participants, frequency, and any specifics regarding external visitors. Please add any additional remarks in the last column.

Meeting Type	Number of Participants	Frequency	Dedicated/Shared	Includes external visitors
<i>ex: Staff Meeting</i>	<i>20-25</i>	<i>Weekly</i>	<i>Shared with other groups</i>	<i>Yes, 3-5</i>
All Staff Meeting	30-35	Quarterly	Dedicated	Yes, 1-3
Department Meetings	3-5	Weekly	Shared	Yes, 1-3
Management Meetings	5-10	Weekly	Shared	
Developer Meetings	4-10	Weekly	Shared	Yes, 3-5
Provider Meetings	5-20	Quarterly	Shared	Yes, 10-20

## FILING & STORAGE REQUIREMENTS

Does your department require locked file rooms, storage rooms, or unique spaces? If yes, please explain what it includes.

Locked file rooms and/or locked files are required to secure personal identifying information, legal documents and reimbursement checks.

Describe your storage practices. Are there any plans to reduce storage requirements through electronic storage or offsite storage?

Currently utilize onsite and off-site storage. We do plan to increase the utilization of electronic filing



## SPECIAL SUPPORT SPACE REQUIREMENTS

Please identify any dedicated support spaces that your department will require (e.g., library, layout area, viewing room, training center, etc.). Do not include meeting rooms, shared copy rooms, and shared pantries. Please add additional rows as needed.

Space Type <i>ex.: IT work Area</i>	Quantity <i>2-3</i>	Approx. Size <i>200 SF</i>	Remarks <i>In secure room</i>
Lactation Room	1	< 100 SF	Locked door required

## FLEET & PARKING

Please complete the table below regarding the number of fleet & visitor parking stalls your department needs on any given day. This will help us determine the minimum number of parking spaces required.

\*Note that employee parking numbers are determined based on occupancy and staffing levels and will be independently calculated outside of this section.

**Please attach a comprehensive fleet list** of the dedicated County-owned vehicles your department utilizes and summarize the total number below.

Fleet	Current Number	Other Comments
Department Fleet	2	
Department Fleet		
Other		

Type of Visitor	Typical Current Number	Peak Number	When does Peak Occur?
General Public	1-2	N/A	
Other			
Other			



## SPECIAL REQUIREMENTS

Does your Department have any other special needs concerning IT/telecom, UPS, backup generators, HVAC (heating, ventilation, and air conditioning), acoustics, lighting, security, floor loading, building access, etc.? If so, please note and explain these needs below to the best of your knowledge.

Acoustics – sound barrier to reduce noise for those residing in cubicle spaces.  
Access to building – we have 2 staff members who have mobility issues and need easy access to the building.

## SECURITY/CONFIDENTIALITY

Assuming you will be in a building with ground-floor security, does your department have any additional security requirements? Please detail below.

No

Does your department deal with any confidentiality concerns/requirements? Please detail below.

Manager offices need to be soundproof to allow for confidential conversations that can be heard by others in close proximity. Staff manage personal identifying information regularly and would require locked file cabinets to store working documents.

## ADDITIONAL COMMENTS

Any other concerns or thoughts you want to share? Anything we did not cover that you feel we should have? We are interested in hearing any suggestions or thoughts you have regarding improved workspace, either for your own area or for the building in general. Please make any comments you wish.

**Thank you!**



## INSTRUCTIONS

We kindly request your cooperation in filling out this form, which aims to gather essential information about your Department's operational requirements, adjacency needs, meeting and training needs, parking, storage, and filing requirements, as well as overall work patterns. Your valuable and accurate input will play a crucial role in assessing the macro-level space needs of your department.

Please provide your responses in the designated boxes adjacent to each question. Once you have completed the survey, a representative from Griffin *may* arrange follow-up building site surveys or meetings with you and the County's Project Manager to delve deeper into your responses and discuss any further details.

Please email your form to [dalamo@griffinstructures.com](mailto:dalamo@griffinstructures.com) by **Tuesday, April 16**, and contact Dustin Alamo by email or (949) 280-4441 with any questions.

## CONTACT INFORMATION

Date:	3/26/2024
Name & Title:	Marcus Dillard – Chief of Homeless Services
Current Location (building/floor):	560 E. Hospitality Lane, Suite 200
Department:	Office of Homeless Services
Phone / Email:	909-501-0644/ <a href="mailto:marcus.dillard@hss.sbcounty.gov">marcus.dillard@hss.sbcounty.gov</a>

## PURPOSE & FUNCTIONS

Briefly describe the **primary purpose or functions** of your department.

Coordinate the delivery of Homeless Services to San Bernardino County.

**Please also provide the most current organizational chart for your department and identify those divisions which are in and around the City of San Bernardino as the study will not be addressing areas of your operation in remote locations.**





## DEPARTMENT HEADCOUNT

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### Other Considerations

Does your department headcount fluctuate due to part time help, special projects, interns, or seasonal workloads? Do you have staff that is in the field most of the time? Please describe.

I am in the process of obtaining 15 navigation staff from the Department of Behavioral Health that will be located at their offices due to space but assigned to OHS. These staff members will spend a lot of time in the field.

Is your department's current area sufficient for your operations? Will technology have an impact on how your department operates? Example: physical file storage will be limited due to scanning/cloud storage.

Currently the spacing is not able to accommodate the entire team. We need to work on the ability to go wireless into the network as this might help with configuration.

Do you know (or foresee) any future changes to your department? It is imperative to note the County's future growth policy, which stipulates a maximum allowable increase of 10% from the current staffing levels. Any requisitions for additional growth necessitate approval from the Chief Executive Officer.

I am in the process of obtaining 15 navigation staff from the Department of Behavioral Health that will be located at their offices due to space but assigned to OHS. Would like to at some point be able to house my entire team in the same location.



### ADJACENCY REQUIREMENTS

Please complete the table below, indicating any desired adjacencies to other departments. Please rank the level of preferred adjacency using the following categories:

**~~\*\*\*NOT USED\*\*\*~~**



## MEETING REQUIREMENTS

Please indicate the types of meetings your department typically holds. Include the meeting type, average number of participants, frequency, and any specifics regarding external visitors. Please add any additional remarks in the last column.

Meeting Type	Number of Participants	Frequency	Dedicated/Shared	Includes external visitors
<i>ex: Staff Meeting</i>	<i>20-25</i>	<i>Weekly</i>	<i>Shared with other groups</i>	<i>Yes, 3-5</i>
Case Conferencing	45-50	Monthly	Shared	Yes
Staff meeting	25-30	Weekly	Shared	No
COC/ICH Board Meeting	45-50	Monthly	Shared	Yes
Outreach	45-50	Monthly	Shared	Yes

## FILING & STORAGE REQUIREMENTS

Does your department require locked file rooms, storage rooms, or unique spaces? If yes, please explain what it includes.

We administer about \$30M in grant funding, which requires claims processing and storage of bank account information. As well as client information. We are trying to take everything paperless but do maintain some paper files.

Describe your storage practices. Are there any plans to reduce storage requirements through electronic storage or offsite storage?

Yes the plan is to go to electronic storage to reduce the need for storage.



## SPECIAL SUPPORT SPACE REQUIREMENTS

Please identify any dedicated support spaces that your department will require (e.g., library, layout area, viewing room, training center, etc.). Do not include meeting rooms, shared copy rooms, and shared pantries. Please add additional rows as needed.

Space Type <i>ex.: IT work Area</i>	Quantity <i>2-3</i>	Approx. Size <i>200 SF</i>	Remarks <i>In secure room</i>
N/A			

## FLEET & PARKING

Please complete the table below regarding the number of fleet & visitor parking stalls your department needs on any given day. This will help us determine the minimum number of parking spaces required.

\*Note that employee parking numbers are determined based on occupancy and staffing levels and will be independently calculated outside of this section.

**Please attach a comprehensive fleet list** of the dedicated County-owned vehicles your department utilizes and summarize the total number below.

Fleet	Current Number	Other Comments
Department Fleet		
Other		

Type of Visitor	Typical Current Number	Peak Number	When does Peak Occur?
General Public	3	50	Monthly Community Meetings
Other			
Other			





### SPECIAL REQUIREMENTS

Does your Department have any other special needs concerning IT/telecom, UPS, backup generators, HVAC (heating, ventilation, and air conditioning), acoustics, lighting, security, floor loading, building access, etc.? If so, please note and explain these needs below to the best of your knowledge.

N/A

### SECURITY/CONFIDENTIALITY

Assuming you will be in a building with ground-floor security, does your department have any additional security requirements? Please detail below.

Not at this time.

Does your department deal with any confidentiality concerns/requirements? Please detail below.

We monitor the HMIS – Homeless Management Information System which contains information for people entering our system of care but this is a web based application.

### ADDITIONAL COMMENTS

Any other concerns or thoughts you want to share? Anything we did not cover that you feel we should have? We are interested in hearing any suggestions or thoughts you have regarding improved workspace, either for your own area or for the building in general. Please make any comments you wish.

Not at this time

**Thank you!**