

LAND AND BUILDINGS MONTHLY REPORT

TO: BUREAU OF SPACE & FACILITIES MANAGEMENT
 DEPARTMENT OF GENERAL SERVICES

FROM:

REPORT FOR THE MONTH OF: _____, _____
Month Year

Act No. 117 of 1972 provides for the establishment of an Inventory of all land and buildings owned or leased by the Commonwealth, and mandates the cooperation of all State agencies in keeping the Inventory current. To comply with these requirements, at the end of each month please check the appropriate boxes for any activity with regard to property under your jurisdiction, note the number of transactions for the month in that category, and complete the appropriate attachments as indicated. This report must be submitted each month even if there was no activity. For any questions or assistance in completing this report, contact the Bureau of Space and Facilities Management.

ACTIVITY CATEGORY <i>(see Instructions over)</i>	ACTIVITY	NUMBER OF TRANSACTIONS	FORM TO COMPLETE	DO NOT WRITE IN THIS COLUMN
1. ACQUISITION OR DISPOSITION				
a. Property has been acquired by this agency	<input type="checkbox"/>		Complete Form GSSFM-11	
b. Property has been issued by this agency (other than through the Bureau of Real Estate, Department of General Services)	<input type="checkbox"/>		Complete Form GSSFM-11	
c. Property has been disposed of by this agency	<input type="checkbox"/>		Complete Form GSSFM-12	
d. A lease has been terminated (other than through the Bureau of Real Estate, Department of General Services)	<input type="checkbox"/>		Complete Form GSSFM-12	
e. Property has been transferred to another State agency	<input type="checkbox"/>		Complete Form GSSFM-13, Section I	
2. CONSTRUCTION ACTIVITY				
a. Completion and occupancy of a building or structure	<input type="checkbox"/>		Complete Form GSSFM-13, Section II, IX	
b. Completion of alterations or additions to a building (other than normal maintenance or repair)	<input type="checkbox"/>		Complete Form GSSFM-13, Section III, IX	
c. Demolition of a building	<input type="checkbox"/>		Complete Form GSSFM-13, Section IV	
3. INSTALLATION CHANGES				
An installation is property owned by the Commonwealth at a particular location (such as a college campus, hospital, armory, etc.) administered by a single agency.				
a. The name of an installation has changed	<input type="checkbox"/>		} Complete Form GSSFM-13, Section V	
b. The address of an installation has changed	<input type="checkbox"/>			
c. The use of an installation has changed	<input type="checkbox"/>			
d. The number of parking spaces of an installation has changed	<input type="checkbox"/>			
4. BUILDING CHANGES				
a. The name of the building has changed	<input type="checkbox"/>		} Complete GSSFM-13, applies to "a" and "b" only Section VI Complete GSSFM-13, applies to "c" Section VI, IX	
b. The use of a building has changed	<input type="checkbox"/>			
c. The physical condition of a building has changed	<input type="checkbox"/>			
5. PROPERTY LEASED OUT				
a. Property, buildings, offices, or space under the jurisdiction of this agency have been leased out	<input type="checkbox"/>		Complete Form GSSFM-13, Section VII	
b. Property, buildings, offices, or space under the jurisdiction of this agency is no longer leased out	<input type="checkbox"/>		Complete Form GSSFM-13, Section VIII	
6. NO ACTIVITY				
No activity in the above categories has taken place this month	<input type="checkbox"/>			

AGENCY _____ COMPLETED BY _____
Name and Title

TELEPHONE NO. _____

TO: All Commonwealth Administrative Departments, Independent Boards and Commissions, and other State Agencies under the Governor's Jurisdiction.

FROM: Bureau of Space and Facilities Management
Department of General Services

SUBJECT: Land and Building Activity Reporting Procedures

The Bureau of Space and Facilities Management has been assigned the responsibility of maintaining a comprehensive Inventory of all land and buildings owned and leased by the Commonwealth. As part of the mechanism for identifying all changes in Inventory data, the following reporting procedure has been established:

- A. At the end of each month, all agencies are to complete the Land and Buildings Monthly Report. All that is necessary is to place a check in the appropriate box which identifies any activity that may affect the Inventory and note the number of transactions that have taken place during the month in that particular activity. The completed forms should be sent to the Bureau of Space and Facilities Management not later than the fifth day after the end of the month. A copy of the completed form should be retained.
- B. As soon as possible thereafter, the appropriate form, or forms, as indicated on the Land and Buildings Monthly Report, should be completed and sent to the Bureau of Space and Facilities Management. These forms provide to the Inventory the necessary details concerning the activities reported on the Land and Buildings Monthly Report. A separate form will be needed for each transaction reported.
- C. If there was no activity for the month, the Land and Buildings Monthly Report must still be submitted to the Coordinator. All that is necessary is to check the appropriate box, Item 6.
- D. An explanation of each activity category and what is to be reported on the forms follows:

1. ACQUISITION OR DISPOSITION (report details on Forms GSSF-11 and GSSF-12)

This category relates to activity by an agency with respect to the acquisition or disposition of real estate. If during the current reporting period your agency has acquired or sold one or more parcels of land, or leased land or terminated a lease of land (other than through the Bureau of Real Estate, Department of General Services), this activity must be reported by checking the appropriate boxes. Agencies which purchase land for future development and reconveyance to another agency should report these transactions as acquisitions by their agency.

Transfer of property from one State to another is authorized through legislation; upon enactment, the transfer should be reported by both the transferring and the receiving agencies.

2. CONSTRUCTION ACTIVITY (report details on Form GSSF-13)

All construction activity is to be reported in this category. The significant event to be reported is the completion of any type of fixed construction on property under your agency's jurisdiction, including, for example, a latrine, shower house, dressing room, tool storage shed, radio tower, and so forth. Report only upon completion, not while construction is in progress. In the case of buildings which will be occupied by personnel, report only when actual occupancy takes place (complete or partial).

Report the completion of any alterations or additions to a building. Do not report normal maintenance or repair work.

The demolition of any type of building or structure must also be reported whether it is carried out by your agency or another.

3. INSTALLATION CHANGES (report details on Form GSSF-13)

Any changes to an installation (defined on the report) such as the name, address or use of an installation as well as the number of parking spaces are to be reported under this category.

4. BUILDING CHANGES (report details on Form GSSF-13)

Under this category any changes in the name, use, and physical condition of any building or structure under the jurisdiction of your agency are to be reported. By change in condition is meant a physical change under a general rating of excellent, very good, good, fair, poor, and very poor.

5. PROPERTY LEASED OUT (report details on Form GSSF-13)

If all or part of any property or building under the jurisdiction of your agency is leased out by your agency to a private organization or individual, or if such a lease is terminated, activity of this nature is to be reported under this category.

6. NO ACTIVITY

If there was an activity by your agency during the current reporting period in any of the above categories, check the appropriate box.

REPORT OF PROPERTY ACQUISITION

REPORTING AGENCY: _____

COMPLETED BY NAME & TITLE: _____

DATE: _____

PHONE NUMBER: _____

THIS ATTACHMENT RELATES TO THE LAND AND BUILDINGS MONTHLY REPORT DATED: _____, _____
Month Year

The property involved was acquired
 leased

Was the property acquired or leased as an addition to an existing property? That is, is it connected functionally with other property administered by your agency?

Yes complete Sections I & III
No complete Sections II & III

I. ADDITION TO EXISTING INSTALLATION – DATA REQUIREMENTS

1. Name of present installation: _____
2. Installation ID No(s) (from report installations by Administering Agency) (may be more than one): _____
3. City, Township, or Borough and County in which present installation is located (maybe more than one): _____

4. Provide the following data separately for each City, Township or Borough in which any of the acquired or leased property is located:

City, Township, Borough	County	Acres	No. of Parking Spaces

5. Original purchase cost (excluding buildings if possible):
 \$ _____ Land Only
 \$ _____ Land and Buildings
6. This agency intends to lease out or has leased out all or part of the newly acquired property or all or part of any buildings on the property:
 Yes No
7. If a purchase, did the General State Authority participate* in any way in the purchase? Yes No
8. Will the property have any buildings or structures on it after execution of any scheduled demolition? If yes, proceed to Section III.
 Yes No

II. NEW INSTALLATION – DATA REQUIREMENTS

1. Property name: _____
2. Address: Street number and name: _____
3. Provide the following data separately for each City, Township or Borough in which any of the acquired or leased property is located:

City, Township, Borough	County	Acres	No. of Parking Spaces

4. If a purchase, did the General State Authority participate* in any way in the purchase? Yes No
5. Administering agency: _____ Region/District Code: _____

(over)

*NOTE: By GSA participation or involvement is meant financial assistance in purchasing, construction, or renovation.

REPORT OF PROPERTY DISPOSITION

REPORTING AGENCY: _____

COMPLETED BY NAME & TITLE: _____

DATE: _____

PHONE NUMBER: _____

THIS ATTACHMENT RELATES TO THE LAND AND BUILDINGS MONTHLY REPORT DATED: _____, _____
Month Year

The disposition of property involved: a sale or other conveyance of title termination of a lease

Was the property in question a part of one or more existing installations (as opposed to an entire separate installation? That is, was it connected functionally with other property administered by your agency?

Yes complete Section I No complete Section II

I. DELETION OF PART OF AN EXISTING INSTALLATION

1. Name of installation involved (maybe more than one): _____

2. City, Township or Borough and County in which present installation is located (maybe more than one): _____

3. City, Township or Borough and County in which disposed property is located (may be more than one): _____

4. With the report installations by Administering Agency as reference, determine the installation ID No.(s) involved. There will be one number for each installation connected with the disposition.

5. The disposition of property which is part of an existing installation may affect the following data elements presently recorded for the installation within the Inventory. In each case, note only the data as it relates to the property disposed of:

- a. Number of parking spaces: _____
- b. Acres (list separately for each municipality listed in No. 3): _____

6. If there were any buildings on that portion of the property disposed of, record the building ID numbers and name by referencing the report Buildings by Administering Agency. Attach additional pages if more space is required.

Building ID Number	Building Name

II. DELETION OF COMPLETE INSTALLATION

With the aid of the report Installations by Administering Agency, determine the installation name and ID No.(s) to be deleted. There may be more than one to report if the property to be deleted lies in more than one municipal jurisdiction. This will be indicated on the report by an asterisk (*) preceding the installation name. In this case, note all ID numbers preceded by an asterisk for the property disposed of. The report Multi City-Twp-Boro Installations by Administering Agency will be helpful in this respect.

Installation ID Number	Installation Name

II. BUILDING CONSTRUCTED AND OCCUPIED (Also complete Section IX)

1. Name of installation on which building is situated: _____
2. ID Number of installation: _____
3. Name or number of building as designated by the Administering Agency: _____
4. Was GSA involved in the project through financial assistance in the acquisition or construction of the building (yes or no) _____
5. Date construction completed: _____
6. Date occupancy took place or will take place: _____
7. Building use (describe): _____

8. Gross square footage contained within the building including both usable and non-usable space: _____

9. Building Cost: _____
10. Is the building located in a flood plain? (Yes or No): _____

III. ALTERATIONS OR ADDITIONS TO AN EXISTING BUILDING (Also complete Section IX)

1. Name of installation on which building is located: _____
2. ID Number of installation: _____
3. Building name and ID Number: _____
4. Description of the alteration or addition: _____

5. If the alteration or addition to the building affects the gross square footage, note how much was added or removed: _____

6. Cost of the improvement: _____
7. If the improvement changes the "condition" of the building as shown on the report Buildings by Administering Agency, which is rated on a scale of excellent, very good, good, fair, poor, very poor, indicate what the condition has changed to: _____

IV. DEMOLITION OF A BUILDING

1. Name of installation on which the building was demolished: _____
2. ID Number of installation: _____
3. Building name and ID Number: _____

V. INSTALLATION CHANGES

1. Installation ID Number: _____
2. The name of the installation has been changed to: _____
3. The address of the installation has been changed to: _____
4. The use of the installation has changed to (describe): _____

5. Number of parking spaces has changed from: _____ to _____

VI. BUILDING CHANGES (if changes listed below effect a change in insurance data, complete Section IX)

1. Name of installation on which the building or buildings are located: _____

2. ID Number of Installation: _____
3. Building changes:

Building ID No.	Name Changed To	Use Changed To	*Condition Changed To

*Building condition is rated on a scale of excellent, very good, good, fair, poor, very poor.

VII. PROPERTY LEASED OUT

Report only installations and buildings that have been leased out to an organization that is not an agency or branch of the Commonwealth.

1. An entire installation or portion thereof has been leased out:
 - a. Name of installation: _____
 - b. ID Number of installation: _____
 - c. Buildings on the portion leased out. List building name and ID number. If entire installation has been leased out, just note "all buildings":

2. A complete building or portion thereof (an office, storage space, etc.) has been leased out:
 - a. Name of installation on which building is situated: _____
 - b. ID Number of installation: _____
 - c. Building(s) moved in the lease (list building name and ID Number):

VIII. TERMINATION OF LEASE OF PROPERTY LEASED OUT

1. A lease involving an entire installation or portion thereof has terminated:
 - a. Name of installation: _____
 - b. ID Number of installation: _____
 - c. Building on the portion formerly under lease. List name and ID number of each building. If entire installation was under lease, note "all buildings":

2. A lease involving a complete building or portion thereof (an office, storage space, etc.) has terminated:
 - a. Name of installation on which building is situated: _____
 - b. ID number of installation: _____
 - c. Building(s) formerly involved in the lease (list building name and ID number):

IX. INSURANCE INFORMATION: Supplemental data for Sections II and III):

Installation Identification	Building Identification	Building Name	Replacement Cost of Building	Contents Value Per Building	Type of Construction	N. B. Class	Sprinkler Protection	Sprinkler Alarm	Burglar Alarm	Boiler Insurance	Exposure	Exposure Hazard	Housekeeping	P.M.L.	M.F.L.
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: • N.B. Class – Leave blank - for office use only
 •• Exposure Hazard, Boiler, PML and MFL insurance data is to be evaluated and entered by a qualified engineer. If an engineering or construction office is not available in the department, please leave blank.