International Facility Management Association

BENCHMARKS 6 SURVEY

Dear Facility Professional:

We invite you to participate in this year's IFMA facility benchmarking survey, **Benchmarks 6 – Annual Facility Costs**. This questionnaire covers operational costs (i.e., janitorial, utilities and maintenance) as well as project, life/safety, environmental, emergency/disaster planning, security, space planning and FM IT costs. We have repeated many of the core questions used in previous surveys to classify and analyze each type of facility. If you have participated in IFMA surveys before, you may have already collected the core information requested in this survey.

BENEFITS OF PARTICIPATING IN THIS BENCHMARKING SURVEY

Participating in this benchmarking study will allow you to:

- Compare your performance with other organizations using the most widely accepted facility management metrics;
- Determine which costs to investigate first for quick results;
- Develop and support ideas and proposals to improve your organization's performance and contribute to the bottom line;
- Locate hidden opportunities to assist you in demonstrating your departments value;
- Assist you in preserving your department's resources from cut backs;
- Contribute to the success of IFMA's benchmarking effort by increasing the size and the scope of our facility benchmarking database;
- Gain certification maintenance points; and
- Receive results when completed at no additional cost to your organization.

GUIDELINES FOR COMPLETING THIS SURVEY

Which facility should I report on?

To provide meaningful data, report on just one single-use facility, preferably the largest or most active. If you manage more than one facility and can provide separate data on each facility, you are encouraged to do so. You may photocopy this form or visit our web site, **www.ifma.org**, for additional forms. If you are unable to provide information for a single facility, you can still participate by providing an aggregate report for multiple facilities.

Time period covered?

Data should cover the most recent 12-month reporting period, e.g., January 1, 2010 to December 31, 2010. This is likely to be the same as your organization's budget or fiscal year.

More than one IFMA member?

If there are several IFMA members within your organization, you can select one person to complete this survey for your entire organizational unit or coordinate with others and have them provide information for their areas of responsibility. Membership is not a requirement to participate.

Information not available?

Please fill in as much of the questionnaire as you can. Even if you cannot fill in every question, a partially completed survey is helpful. Estimates of the information requested are acceptable.

When is the survey due?

Please complete and **return your survey within five weeks of receipt.** If your response arrives too late to be included in the analysis you will not receive a free copy of the report.

Return instructions

Please e-mail your survey to research@ifma.org, fax to 1-713-623-6124, or mail to 1 E Greenway Plz, STE 1100, Houston, TX 77046-0194.

Availability of report

An electronic copy of the report will be sent to each participant who submits a survey. The report will be available for purchase through IFMA Bookstore if you require extra copies or choose not to participate in the survey.

Confidentiality

Information about individual organizations will be kept confidential. The identification of your organization will be kept in a separate file from the facility data you provide. Data on individual organizations will not be released. Results will be reported in aggregate form. Your data will also be entered into IFMA's benchmarking portal unless you choose to opt out. To opt out, check here ☐

Questions?

If you have questions about the survey, contact IFMA's director of research, Shari Epstein, at 1-281-974-5626 or e-mail: shari.epstein@ifma.org.

©2011 International Facility Management Association

GENERAL INFORMATION

1. Will you be providing responses in

- ☐ English (sq. feet – ft^2)
- ☐ Metric (sq. meters – m^2)
- ☐ U.S. dollars
- ☐ Canadian dollars
- ☐ Other currency _____

2. Please describe the specific product, service or business activity of your organization or the organization you are contracted to manage:

_____

3. Who will serve as the benchmark contact person for your organization? (*Please complete or attach a business card. The report will be sent to this address.)*

Name: _____ IFMA designation: (CFM, FMP, SFP) _____

IFMA member ID #: _____ *(Respondents need not be a member to participate.)*

Organization: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Phone: _____ Email: _____

4. Would you be interested in participating in future benchmarking activities with others?

☐ Yes *(If yes, what topics or areas do you have an interest in benchmarking?)*

_____

☐ No thanks

FACILITY DESCRIPTION

5. Check the description that best represents the facility on which you are reporting data:

- ☐ Space within a building
- ☐ A single building
- ☐ Multiple buildings in one location *(specify number of buildings >10,000 ft^2/929 m^2)* _____
- ☐ Multiple buildings in multiple locations *(specify number of buildings >10,000 ft^2/929 m^2)* _____

6. This facility is:

- ☐ Owner occupied
- ☐ Leased
- ☐ A combination of owned and leased: _____ % owned _____ % leased

7. What is the age of this facility? _____ years *(For multiple buildings/facilities, provide the weighted average based upon total area.)*

©2011 International Facility Management Association

8. What industry does this facility serve? *(Choose one from the categories listed below that best fits.)*

SERVICES

- ☐ Banking *(Consumer, Commercial, Savings, Credit Unions)*
- ☐ Health Care
- ☐ Hospitality *(Hotel, Restaurants, Hospitality-Related)*
- ☐ Information Services *(Data Processing, Information Services, E-Commerce)*
- ☐ Insurance *(Health, Life, Auto, Mutual, Casualty, Flood)*
- ☐ Investment Services *(Securities and Investment Services)*
- ☐ Media *(Entertainment, Media, Broadcasting, Publishing)*
- ☐ Professional Services *(Legal, Accounting, Consulting, Engineering, Architecture)*
- ☐ Telecommunications *(Telecommunication, Internet Services)*
- ☐ Trade *(Wholesale, Retail)*
- ☐ Transportation *(Transportation, Freight)*
- ☐ Utilities *(Water, Gas, Electric)*
- ☐ Other Services: _____

_____

MANUFACTURING/PRODUCTION

- ☐ Aircraft/Industrial *(Industrial Equipment, Aerospace)*
- ☐ Building/Construction *(Building, Construction Materials)*
- ☐ Chemical/Pharmaceutical *(Chemical, Pharmaceutical, Biotech)*
- ☐ Consumer Products *(Food, Paper or related)*
- ☐ Computer *(Computer Hardware or Software)*
- ☐ Electronics *(Electronics, Telecommunications Equipment)*
- ☐ Energy *(Energy related, Mining or Distribution)*
- ☐ Medical Equipment
- ☐ Motor Vehicles
- ☐ Other Manufacturing: _____

_____

OTHER INSTITUTIONS

- ☐ Association *(Association, Society, Federation)*
- ☐ Cultural *(Cultural Institutions)*
- ☐ Educational *(Training Center, K – 12, Higher Education)*
- ☐ Federal Government
- ☐ State/Provincial Government
- ☐ City/County Government
- ☐ Special District/Quasi-Government *(Special Districts, Transportation Authorities, School Boards)*
- ☐ Military
- ☐ Religious *(Religious, Charitable)*
- ☐ Research
- ☐ Other Institutions: _____

_____

9. Which indoor climate is provided:

☐ Natural ventilation ☐ Comfort cooling ☐ Air conditioning

10. This facility operates and is heated and cooled for occupant standard use:

_____ hours per day _____ days per week

11. What is the facility's name, number or other identifying code? *(For example: Duloc campus)*

_____

12. Where is the facility located? (☐ *Check here if address is the same as question 3.)*

City: _____

State/Province: _____ Zip/Postal Code: _____

Country: _____

©2011 International Facility Management Association

13. Check the description that best fits the setting of your facility in question 12.

- ☐ Central business district
- ☐ Secondary downtown location *(uptown, midtown, etc.)*
- ☐ Suburban area
- ☐ Industrial park
- ☐ Rural area

14. Check the **predominant** use of your facility. *(Check only one category that best fits.)*

ASSEMBLY

- ☐ Community/Recreation Center
- ☐ Convention Center/Exhibit Hall
- ☐ City/Country Club
- ☐ Religious
- ☐ Stadium/Arena/Auditorium

OFFICE

- ☐ Medical Office
- ☐ Mixed Use *(Office is dominant component)*
- ☐ Branch/Regional Office
- ☐ Headquarter
- ☐ Call Center

INDUSTRIAL

- ☐ Manufacturing/Plant
- ☐ Warehouse

RETAIL

- ☐ Bank Branch
- ☐ Big Box/Department Store
- ☐ Mall/Shopping Center
- ☐ Restaurant
- ☐ Retail Branch

OTHER

- ☐ Casino
- ☐ Courthouse
- ☐ Correctional
- ☐ Data Center *(Data/Computer Center/Switch Facility)*
- ☐ Education *(Education/Training/Classrooms)*
- ☐ Embassy
- ☐ Health Care *(Acute Care/Clinic/Behavioral Care/ Medical Center/Rehab)*
- ☐ Library
- ☐ Lodging and Hospitality
- ☐ Military
- ☐ Multi-residential *(Condominium/Student Housing)*
- ☐ Multi-use *(No single type of space dominates more than 50%)*
- ☐ Museum *(Gallery/Zoo/Arboretum)*
- ☐ Research Center *(Research, Laboratory)*
- ☐ Senior Housing *(Assisted Living/Skilled Nursing)*
- ☐ Sports and Entertainment *(Aquatic/Gaming/Golf Course)*
- ☐ Transportation *(Airport/Rail/Bus Station):* _____

  _____
- ☐ Other: _____

  _____

©2011 International Facility Management Association

15. Check the climate zone in which your facility is located.

For the U.S.: To see a map, go to http://www.eia.doe.gov/emeu/cbecs/climate_zones.html

FACILITY'S CLIMATE CODE	NUMBER OF HEATING DEGREE DAYS IN THE PAST 30 YEARS	NUMBER OF COOLING DEGREE DAYS IN PAST 30 YEARS
☐ 1 *(coldest)*	More than 7,000	Fewer than 2,000
☐ 2	5,500 to 7,000	Fewer than 2,000
☐ 3	4,000 to 5,499	Fewer than 2,000
☐ 4	Fewer than 4,000	Fewer than 2,000
☐ 5 *(warmest)*	Fewer than 4,000	2,000 or More

For Canada: To see a map, go to http://oee.nrcan.gc.ca/residential/personal/windows-doors/climate-zones.cfm?attr=4

FACILITY'S CLIMATE CODE	NUMBER OF HEATING DEGREE DAYS IN THE PAST 30 YEARS
☐ D *(coldest)*	More than 8,000
☐ C	5,501 to 8,000
☐ B	3,500 to 5,599
☐ A *(warmest)*	Fewer than 3,500

16. Average number of people that occupied space at this facility during the reporting period? _____
(Include full- and part-time employees, contract workers or tenants in your calculation. If you lease, provide number of people in space under lease.)

FACILITY SIZE

17. _____ **IFMA Exterior Gross Area (ASTM E1836-08)**
The area of the floor measured to the outside face of the walls that enclose the floor(s) of the building. This includes interior areas, exterior gross to dominant portion, interior parking, excluded, interstitial and restricted headroom areas.

18. _____ **IFMA Plannable Gross Area (ASTM E1836-08)**
The area of a floor that is totally enclosed within the interior face of perimeter encroachments enclosed at the inside finished surface of the exterior walls. Plannable Gross Area is equal to the sum of the following interior areas: void areas, major vertical penetrations, service areas and primary circulation along with restricted areas, interior encroachments, occupant void areas, unassignable areas, assignable areas, and secondary circulation. To calculate plannable gross area deduct perimeter encroachments, interior parking, excluded areas, interstitial areas and restricted headroom areas from Exterior Gross Area.

If another floor area measurement is used, please specify: _____

19. **Developed acres (built, paved, or landscaped) on facility site** _____ acres. Include "natural" or "native" areas only if actively maintained.

20. Which of the following best describes the status of your current buildings with respect to green certification?

- ☐ Manage or occupy at least one green certified building
- ☐ Manage or occupy building(s) with green elements but no certification to recognized green standards
- ☐ Manage or occupy buildings with no green elements in their design

©2011 International Facility Management Association

OCCUPANCY COST

21. Lease Cost. If your organization leases this facility, what is the annual cost of the lease? *(Amount paid directly to landlord, including tax and expense escalations, if any)*

Annual Lease Cost . . . . . **$** _____ ***(Copy to worksheet on last page)***

22. Is this lease a:

- ☐ Net lease *(base rent plus tenant pays directly a share of real estate taxes)*
- ☐ Gross lease *(one payment in which owner has included estimated cost of operations)*
- ☐ Triple net lease *(base rent plus tenant pays expenses related to on-going operation of facility)*

For those who lease, we ask you provide any supplemental costs you pay in addition to your lease in the appropriate sections of this survey.

JANITORIAL COSTS

23. Janitorial costs are costs associated with the cleaning of offices, other work areas, restrooms and common support space. These include wages, benefits, staff support, supervision, administration, supplies, paper goods and non-capital equipment (e.g., brooms, floor polishers). Please include contract service providers' costs and/or any supplemental cleaning services provided by landlord.

Annual Janitorial Costs . . . . . **$** _____

Does this facility contain clean rooms?
If so, provide annual cleaning cost if separate.

Clean Room Janitorial Costs . . . . . **$** _____

Total Janitorial Costs . . . . . **$** 0 _____ ***(Copy to worksheet on last page)***

24. The janitorial tasks in question 23 are performed

☐ Primarily by in-house staff ☐ Primarily by contracted service ☐ Equally by both

25. Is janitorial labor predominantly:

☐ Union labor ☐ Non-union labor

26. Please provide operational and supervisory "person year" head count for those who delivers janitorial services on an annual, full-time basis, calculated on a 40-hour work week (2080 hours/year.) You may use fractional FTEs.

_____ In-house _____ Contracted

©2011 International Facility Management Association

UTILITY COSTS

27. Utility costs are costs associated with providing electrical power, water, and central heating and cooling and sewage service to the facility. Utility costs include the purchase cost of oil, gas, water and electricity. Utility costs also include sewage service, central steam and cooling.

	ANNUAL COST	UNITS CONSUMED ANNUALLY *(please check where appropriate)*	
Electricity	$ _____	_____	kWh
Fuel Oil #2	$ _____	_____	☐ gallons or ☐ liters
Gas	$ _____	_____	☐ therms or ☐ m^3
Steam	$ _____	_____	1,000 lbs
Chilled Water *(If Purchased)*	$ _____	_____	Day tons
Water	$ _____	_____	☐ gallons or ☐ m^3
Sewage	$ _____	_____	☐ gallons or ☐ m^3
Other Utility *(Please Specify)*	$ _____	_____	Please specify unit

Total Annual Utility Costs . . **$** 0 _____ ***(Copy to worksheet on last page)***

28. Are water costs combined with sewage? ☐ Yes ☐ No

29. Does your organization participate in ENERGY STAR or other energy monitoring programs? ☐ Yes ☐ No

MAINTENANCE COSTS

30. These questions pertain to maintenance costs. For each of the following five categories, please include all repair, preventive, materials, direct labor and contract costs. For leased facilities, in both sole-occupant and multi-tenant spaces, some of these costs may appear in common area maintenance (CAM) charges or building operating expenses from the landlord or property manager.

Annual cost of exterior building maintenance. . . . . $ _____

- Roof
- Exterior signage
- Skin *(Siding, masonry, sash, glazing, window washing, external doors)*

Annual cost of interior systems maintenance . . . . . $ _____

- Electrical systems *(primary and secondary systems, emergency electrical systems, UPS, lighting systems, egress signage, master clocks, fire/life safety systems and alarms and remote monitoring, elevator maintenance/repair)*
- Mechanical systems *(HVAC, chillers, boilers, plumbing, extinguishing systems, back flow prevention, refrigeration and non-process related pumps)*
- Building and general maintenance *(Interior walls, doors, ceilings, partitions and interior finishes, pest control)*
- Interior signage
- Admin support services – trouble desks exclusively for receiving/reporting facility-related maintenance issues

Annual cost of roads and grounds maintenance . . . . . $ _____

- Roadways, sidewalks, plazas, smoking areas, parking lots *(Paving repairs, sealing, striping, parking, lighting, power washing), snow removal, de-icing)*
- Landscaping *(Planting, mowing, irrigation)*
- Parking structures *(Surface repairs, sealing, striping, lighting and drainage systems)*
- Storm sewers *(Catch basins, manholes, sub-surface drainage systems)*
- Underground fire systems and hydrants

The following two maintenance categories apply primarily to facilities with central plants and/or large manufacturing plants. Please provide your expenses if your facility incurs these maintenance costs.

Annual cost of utility/central system maintenance . . . . . $ _____

- Electrical *(Generation/distribution)*
- Mechanical *(Steam, hot & cold water systems)*

©2011 International Facility Management Association

MAINTENANCE COSTS (CONTINUED)

Annual cost of process treatment and environmental systems. . . . $ _____

- Process cooling water systems
- Process gas systems
- Air discharge scrubbers
- Waste water systems
- Water treatment plants
- Incinerator operation
- Solid waste management system
  (Please provide solid waste removal costs in question 37.)

Total Annual Maintenance Costs . . . . . **$** 0 _____ ***(Copy to worksheet on last page)***

31. Current Replacement Value. If your facility is owned by your organization, what is the estimated **current replacement value**? Current replacement value is defined as the total amount of expenditure in current dollars required to replace the organization's facilities to its optimal condition (excluding auxiliary facilities). It should include the full replacement cost for all buildings, grounds, utility systems, and generating plants. Furthermore, it should meet the current acceptable standards of construction and comply with regulatory requirements. Insurance replacement values or book values should not be used. Do not include cost of contents.

Current Replacement Value . . . . . **$** _____

32. Deferred Maintenance. What is your **current deferred maintenance** (i.e., funding for deferred deficiencies, replacement; major maintenance funded by the annual facilities maintenance operating budgets or by special allocations from other sources.)? This estimate should not include projected maintenance, replacement or other types of work, such as program improvements or new construction, as these items are considered capital projects.

Deferred Maintenance Value. . . . . **$** _____

33. Facility Condition Index. What is your facility condition index? The facility condition index (FCI) is expressed as a ratio of the cost of remedying existing deficiencies/requirements, and capital renewal requirements to the current replacement value.

$$FCI = \frac{\text{Deferred Maintenance + Capital Renewal) x 100\%}}{\text{Current Replacement Value}}$$

Facility Condition Index _____ **%**

COST OF PROVIDING THE FIXED ASSET

34. Cost of providing the fixed asset is the sum of all annual business capital costs and charges not related directly to the facility's operation. It does not include the actual purchased capital asset value (capitalization), but does include the following:

- Leasehold improvement amortization
- Depreciation of new building or addition
- Capital-related expense
  (e.g., demolition for new construction/renovation)
- Asset write-off/disposal
- Taxes on building and contents (not product)
- Insurance (fire/extended/terrorism coverage)
- Furniture/equipment depreciation charges
- Interest expense for lease or
- Interest expense on purchase of building assets

Cost of Providing the Fixed Asset . . . . . **$** _____ ***(Copy to worksheet on last page)***

©2011 International Facility Management Association

PROJECT COSTS

35. Project costs are (leasehold) improvements or the reconfiguration of existing space to meet new needs or requirements. Common project costs include expenses associated with moves, reconfiguration of space, energy improvements and safety and security-related projects. Some project costs are expensed and others are considered capital expenditures. For this category, please provide only expensed cost items that are included in the annual operating budget. Expense costs as part of separately funded projects should not be included.

Moves/Additions/Changes $ _____

All other expensed project costs . . . . . $ _____

Total Annual Expensed Project Costs. . . . . **$** 0 _____ ***(Copy to worksheet on last page)***

LIFE AND SAFETY COSTS

36. Life and safety costs are those associated with compliance to building regulations required by federal (OSHA), state/provincial and municipal laws to maintain and operate the facility. Examples of such costs are safety equipment, fire and egress requirements such as signage, exit doors and building alarms/strobes, mandated training, nurses, doctors and emergency medical technician crews.

Annual Life and Safety Costs . . . . . **$** _____ ***(Copy to worksheet on last page)***

ENVIRONMENTAL COSTS

37. Environmental costs are those associated with providing the satisfactory levels of air and water quality and waste removal as well as ensuring regulatory compliance with federal, state/provincial and municipal laws. Environmental costs also include consulting fees, monitoring and waste removal.

Monitoring/Testing. . . . . $ _____

Consulting Fees . . . . . $ _____

Remedial/Abatement *(e.g., mold, asbestos)* . . . . . $ _____

Solid Waste Removal. . . . . $ _____

Hazardous Waste Removal . . . . . $ _____

Recycling *(net)* . . . . . $ _____

Total Annual Environmental Costs . . . . . **$** 0 _____ ***(Copy to worksheet on last page)***

EMERGENCY/DISASTER PLANNING COSTS

38. Provide costs associated with audits, consulting, back-up equipment or supplies. Also include cost associated with the operation of work group recovery sites (hot site, cold site) and any training undertaken in the last 12 months.

Emergency/Disaster Planning Costs . . . . . **$** _____ ***(Copy to worksheet on last page)***

©2011 International Facility Management Association

PHYSICAL SECURITY COSTS

39. Which of the following items are incorporated/integrated into your physical security program? ***(Check all that apply)***

- ☐ Lobby security personnel
- ☐ In-house normal business hours security personnel
- ☐ In-house 24-hr security personnel
- ☐ 3rd party normal business hours security personnel
- ☐ 3rd party 24-hour security personnel
- ☐ Two or more patrol officers per shift, 7x24x365
- ☐ Off-site, on-call response
- ☐ Staff/controlled entries
- ☐ Interior CCTV (Cameras) system
- ☐ Exterior CCTV (Cameras) system
- ☐ 24-hour DVR recording
- ☐ Normal business hours remote monitoring
- ☐ After-hours remote alarm monitoring
- ☐ 24-hour on-site security command center *(Domestic sites only)*
- ☐ 24-hour on-site security command center *(Domestic and international sites)*
- ☐ Interior patrols
- ☐ Exterior patrols
- ☐ Virtual receptionist badging *(Employees, contractors, visitors etc.)*
- ☐ Posted security information/signage
- ☐ Other security measures not listed, please specify: _____

40. Is your lobby secured at all times? ☐ Yes ☐ No

41. Security is performed: ☐ Primarily by in-house staff ☐ Primarily by contracted staff ☐ Equally by both

42. Physical security costs are those associated with protecting the facility, its contents and employees/tenants. Include the cost of direct labor including contract services as well as security equipment maintenance (CCTV, card access, security fence/barriers, security software.) Do not include capital equipment or IT protection enhancements.

Total Annual Security Costs . . . . . **$** _____

(Copy to worksheet on last page)

EMPLOYEE AMENITIES COSTS

43. Please check which of the following amenities are provided on-site at your facility. Include the cost to provide or maintain the amenity.

	COST TO PROVIDE/ MAINTAIN AMENITY
☐ Cafeteria, food service operations	$ _____
☐ Break room, lounge, coffee bars, oasis and/or vending areas	$ _____
☐ Library, resource center	$ _____
☐ Internet café/stations	$ _____
☐ Employee store	$ _____
☐ Travel center	$ _____
☐ ATM/financial services	$ _____
☐ Multi-purpose space used for training and assembly	$ _____
☐ Day-care	$ _____
☐ Prayer room/Privacy area	$ _____
☐ Employee health facilities *(Nurse station, cot room, health screening)*	$ _____
☐ Nursing/lactation areas	$ _____
☐ Exercise, fitness area *(e.g., lockers and/or shower areas)*	$ _____
☐ Outdoor recreation areas *(Jogging paths, sports courts, exercise park)*	$ _____
☐ Game room	$ _____
☐ Other amenities *(describe)* _____	$ _____

Total FM Costs to Maintain Amenities . . . . . **$** 0

(Copy to worksheet on last page)

©2011 International Facility Management Association

SPACE PLANNING COSTS

44. Provide costs for each service listed below. Costs should be fully loaded to include in-house or contract labor, service contracts, etc.

Facility Planning . . . . . $ _____

Furniture Management . . . . . $ _____

Relocation/Migration Planning . . . . . $ _____

Other costs *(e.g., plotting services, outside architectural services, real estate analysis)* . . . . . $ _____

Total Annual Space Planning Costs . . . . . **$** 0 _____ ***(Copy to worksheet below)***

FACILITY MANAGEMENT INFORMATION TECHNOLOGY COSTS

45. Provide cost for licenses, hardware and software upgrades, administration and support of all related IT costs for each item listed below.

Computer Aided Design (CAD) software . . . . . $ _____

Computer Aided Facility Management (CAFM) software . . . . . $ _____

Computerized Maintenance Mgt System (CMMS) software . . . . . $ _____

Building Automation System (BAS) software . . . . . $ _____

Project management software . . . . . $ _____

Hardware upgrades . . . . . $ _____

Administration and support of related IT costs . . . . . $ _____

Cabling upgrades (Specific to supporting FM technology) . . . . . $ _____

Total Annual FM Information Technology Costs . . . . . **$** 0 _____ ***(Copy to worksheet below)***

WORKSHEET

46. This worksheet will allow you to summarize your annual facility costs.

Occupancy Costs ***(Page 7)*** . . . . . $ _____

Janitorial Costs ***(Page 7)*** . . . . . $ 0 _____

Utility Costs ***(Page 8)*** . . . . . $ 0 _____

Maintenance Costs ***(Page 9)*** . . . . . $ 0 _____

Cost of Providing the Fixed Asset ***(Page 9)*** . . . . . $ _____

Expensed Project Costs ***(Page 10)*** . . . . . $ 0 _____

Life and Safety Costs ***(Page 10)*** . . . . . $ _____

Environmental Costs ***(Page 10)*** . . . . . $ 0 _____

Emergency/Disaster Planning Costs ***(Page 10)*** . . . . . $ _____

Physical Security Costs ***(Page 11)*** . . . . . $ _____

Employee Amenities Costs ***(Page 11)*** . . . . . $ 0 _____

Space Planning Costs ***(Page 12)*** . . . . . $ 0 _____

Facility Management Information Technology Cost ***(Page 12)*** . . . . . $ 0 _____

Total Annual Facility Cost . . . . . **$** 0 _____

(Total of all costs listed in worksheet)

☐ SUBMIT

Thank you for answering this survey. Please print and mail the survey form to the address below or click the "Submit Survey" button. This will electronically submit a copy of your completed survey to: Research@ifma.org

If your email client has not been initialized or if you use web browser based email, you will need to login to your email account and attach your saved PDF. E-mail to: Research@ifma.org

IFMA Research • 1 East Greenway Plaza, Suite 1100 • Houston, TX 77046-0194 • Fax: 713-623-6124