



Leased Facility

Project Authorization Request

To: State Public Works Division
Leasing Services
515 E. Musser St., Suite 102
Carson City, NV 89701
leasingervices@admin.nv.gov
Telephone: (775) 684-1815
Fax: (775) 684-1817

Note: Building-related improvement must be separated from data and telephone projects. State Public Works Division, Leasing Services handles only building related improvements. For data or telephone changes/improvements please contact EITS at 702-486-4077 (Las Vegas) or 775-684-7341 (Northern NV)

RE:

Building Address:

Room/Location:

Department & Agency:

Estimated Project Cost: (exclude data or telephone costs)

NOTE: Final Pricing may vary from previously obtained bids, depending on contractor selected by lessor or other variants.

Payor: Tenant Pays Lessor Tenant Pays Vendor Lessor Pays

Vendor Number

Non State vendors require longer processing times (due to registration process)

Agency Funding: *Budget # <input type="text"/>	* Category: <input type="text"/>
*Amount Available: <input type="text"/>	
*Budget Analyst: <input type="text"/>	Analyst Telephone: <input type="text"/>
*Is a work program necessary to fund this project? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, IFC date: <input type="text"/>

- Bid/Proposal attached
- Floorplan and sketch of affected area attached
- Space Planning Required (for any occupancy or floorplan changes)
- Space request form attached (if additional square footage is requested)

Requesting Agency Primary Contact: Phone:

Primary Contact e-mail: Fax:

Secondary Agency Contact: Phone:
Secondary Contact e-mail: Fax:

Project Authorization Request (continued)

Short Descriptive Title of Proposed Project:

Description of Project: (please attach more detailed description if more space is needed)

Project Authorization forms must be timely submitted to meet agency deadlines:

- **For requests that do not require a lease amendment (e.g., rent rate changes), the process may take a minimum of 30 days**
- **For requests which require a lease amendment (e.g., rent rate changes), the process may take a minimum of 90 days**

I hereby approve this leased facility Project Authorization Request:

*Signature of Director or Administrator** Date _____

Name Title

*** Leasing Services cannot proceed if this form is incomplete.**

** In the event that any changes are deemed necessary either by tenant agency, lessor, or inspections, a new Project Authorization Form will be required.

Please add separate page if needed.