**Leased Facility**

**Project Authorization Request**

To: State Public Works Division

Leasing Services

515 E. Musser St., Suite 102

Carson City, NV 89701

[leasingservices@admin.nv.gov](mailto:leasingservices@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**

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

**Agency Funding:** \*Budget #   \* Category:  

\*Amount Available:  

\*Budget Analyst:  Analyst Telephone: 

\*Is a work program necessary to fund this project? Yes No If yes, IFC date:  

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:

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\*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.