**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

Telephone: (775) 684-1815

Fax: (775) 684-1817

![logo_state_seal[1].png]()**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.