

PROJECT AUTHORIZATION REQUEST

Submit by 5 p.m. Friday for review at Wednesday meeting

Project Title _____ DAS NUMBER: _____

DAS USE ONLY

Form available electronically at <http://oregon.gov/DAS/Facilities/Pages/Forms.aspx>

Agency & Division _____
 Address _____
 City, State, Zip: _____
 Name of Contact Person (Requester): _____
 Contact phone number: _____
 Email address: _____
 Floor at current location _____
 Location request applies to: _____

DAS-owned facility Building Name: _____

OR

Reason for Services:

State-owned facility

OR

\$	Describe project in scope of work on reverse side <input type="checkbox"/> Construction - New Building or Remodel <input type="checkbox"/> Expansion / reduction of existing program unit <input type="checkbox"/> Multiple work units impacted <input type="checkbox"/> Create a new program unit in existing building <input type="checkbox"/> Lease - relocation to a new location <input type="checkbox"/> Lease - with remodeling & space planning required <input type="checkbox"/> Space design services for efficient use of space <input type="checkbox"/> Workstation add, remove, change <input type="checkbox"/> Other (see reverse of this form)
Estimated project cost	

State-leased facility

Estimated start date: _____

Estimated Completion _____

Funding by: DAS Requesting Agency

Project Managed by: DAS Requesting Agency

Provide project details on separate sheet and attach additional documents as necessary.

Signature of DAS Program Manager

Services Requested - Please check all that apply

Leased Space in DAS-owned buildings	Interior Project Management	Planning & Construction Management
<input type="checkbox"/> Initial needs assessment only	<input type="checkbox"/> Needs assessment only.	<input type="checkbox"/> Initial needs assessment only
<input type="checkbox"/> Relocation	<input type="checkbox"/> Consultation (finishes and furniture)	<input type="checkbox"/> Planning
<input type="checkbox"/> Office space addition	<input type="checkbox"/> Office Planning Services	<input type="checkbox"/> Design
<input type="checkbox"/> Office space reduction	<input type="checkbox"/> Interior Design Services	<input type="checkbox"/> Construction
<input type="checkbox"/> Parking spaces required:	<input type="checkbox"/> Interior Project Management	<input type="checkbox"/> Remodel
<input type="checkbox"/> Lease term requested:	<input type="checkbox"/> Single Cubicle move / change	<input type="checkbox"/> Other - Explain on separate sheet
<input type="checkbox"/> Storage space	<input type="checkbox"/> Computer / phone temporary move	Funding Source:
<input type="checkbox"/> Other - Explain on reverse side	<input type="checkbox"/> Computer / phone move	LFO Analyst:
<input type="checkbox"/> Other - Explain on reverse side	<input type="checkbox"/> Other - Explain on reverse side	

The Requesting Agency must comply with all local government regulations and permitting requirements as well as DAS policies, standards, relevant OARs, and construction standards as part of the approval of this request. **Requests received by 5 p.m. Friday will be reviewed at the following Wednesday meeting of the Project Authorization Committee.**

All approved authorizations expire on the 181st day after Committee "Approval Date".

Approved: Authorization IS GIVEN to the Requesting Agency to proceed with the project as described in this request, subject to any specific requirements indicated on reverse side.

Denied: Authorization is NOT GIVEN to the Requesting Agency for the following reasons:

By _____
 Project Authorization Committee Coordinator Approval Date

By _____
 DAS EAM Contact Person Phone

DAS Internal Accounting:	DAS USE ONLY
PCA / Project / Phase:	
Project Manager Assigned:	

Scope of work required (Please attach more detailed description if more space is needed, ie., floor plans, specifications.)

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Requesting Agency:			
By:			
	Print name of agency supervisor	Print title	Date
Signature:			
	Signature of agency supervisor	Title	Phone

Subject Matter Expert Recommendations:

DAS EAM Section	Recommendations	Subject Matter Expert Signature	Oversight (Check one)
Service/Repair (Maintenance)		<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature Maintenance Mgr	<input type="checkbox"/> PCM Project Mgr <input type="checkbox"/> Maintenance Mgr
Electrical (Maintenance)		<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature Electrical Mgr	<input type="checkbox"/> PCM Project Mgr <input type="checkbox"/> Electrical Manager
HVAC (Maintenance)		<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature HVAC Mgr	<input type="checkbox"/> PCM Project Mgr <input type="checkbox"/> HVAC Manager
Operations & Maintenance		<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature O&M Manager	<input type="checkbox"/> PCM Project Mgr <input type="checkbox"/> O&M Manager
Building Access / Security		<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature Bldg Access Mgr	<input type="checkbox"/> PCM Project Mgr <input type="checkbox"/> Bldg Access Mgr
Planning & Construction		<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature PCM Mgr	<input type="checkbox"/> PCM Project Mgr <input type="checkbox"/> PCM Manager
Real Estate Services		<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature RES Mgr	<input type="checkbox"/> PCM Project Mgr <input type="checkbox"/> RES Manager
Portland Area Supervisor		<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature Portland Area Supvr	<input type="checkbox"/> PCM Project Mgr <input type="checkbox"/> Portland Supervisor

Email this completed form to: FacI.project@oregon.gov

Or mail to: DAS Enterprise Asset Management, 1225 Ferry Street SE, U100, Salem, OR 97301-4281
A project manager will acknowledge that your request is received and contact you.