

**PROJECT AUTHORIZATION REQUEST**  
**Submit by 5 p.m. Friday for review at Wednesday meeting**

Project Title: \_\_\_\_\_ DAS File Name: \_\_\_\_\_

DAS USE ONLY

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

Agency & Division: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Name of Contact Person (Requestor): \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Floor at current location: \_\_\_\_\_  
Location request applies to: \_\_\_\_\_

☐ DAS-owned facility      ☐ State-owned facility      ☐ State-leased facility (mark one)

Building Name: \_\_\_\_\_ If other, list building here: \_\_\_\_\_

Estimated Project Cost: \$ \_\_\_\_\_

Estimated Start Date: \_\_\_\_\_ Estimated Completion Date: \_\_\_\_\_

Funding by:      ☐ DAS      ☐ Requesting Agency

Project Managed by:      ☐ DAS      ☐ Requesting Agency

**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"/> Initial needs assessment only	<input type="checkbox"/> Initial needs assessment only
<input type="checkbox"/> Relocation	<input type="checkbox"/> Consultation (finishes & 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"/> Lease term requested	<input type="checkbox"/> Interior Project Management	<input type="checkbox"/> Remodel
<input type="checkbox"/> Storage space	<input type="checkbox"/> Single cubicle move/change	<input type="checkbox"/> Other – Explain on separate sheet
<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 5:00pm Friday will be reviewed at the following Wednesday meeting of the Project Authorization Committee.**

**All approved authorizations expire on the 181<sup>st</sup> day after Committee “Approval Date”**

☐ **Approved:** See Feedback    ☐ **Approved in Concept:** See Feedback    ☐ **Denied:** See Feedback

By \_\_\_\_\_ By \_\_\_\_\_  
Project Authorization Committee Coordinator    Decision Date    DAS EAM Contact Person    Phone Number

**Scope of work required:** (Please attach more detailed description if more space is needed, i.e., floor plans, specifications, etc.)

**Requesting Agency:**

**By:** \_\_\_\_\_  
                    **Printed Name**                                    **Printed Title**                                    **Date**

**Signature:** \_\_\_\_\_

**Committee Feedback/Work Assignment:**

<b>EAM Section</b>	<b>Staff in Attendance</b>
Service/Repair	
Electrical	
HVAC	
Building Access/Security	
Operations & Maintenance	
Planning & Construction	
Real Estate Services	
Portland Area Supervisor	

Email this completed form to: [Facil.project@das.oregon.gov](mailto:Facil.project@das.oregon.gov)

The PA Coordinator will acknowledge that your request is received and contact you.