

New Jersey Schools Development Authority REQUEST FOR FURNITURE, FIXTURES & EQUIPMENT

(Form to be submitted <u>ten (10) months</u> prior to substantial completion date)

To: Cheryl Walcott Bediako, Deputy Director, Purchasing (FFT&E)

Date:	Submitted by:		Approved by:	
	Print Name:		Print Name:	
SDA Managed		Program Manageme Program Officer	nt	Program Operations Program Director
Project Name / District				
School Address: (Street, C	City, State & Zip Code)			
Project Type: (Add, Renovation, New Construction)				
DOE: Project Number: (i.e. 0000-000-000-000-00)				
Package Number: (i.e. DK-0000)				
Substantial Completion Date:				
School Opening Date:				
Anticipated Room Cleaning Date:				
Approved Charter Amount:				
School Contact Name:				
School Contact Email Address:				
School Contact Phone Number:				
Architect Firm Name:				
Architect Contact Name:				
Architect Contact Email Address:				
Architect Contact Phone Number:				
SDA/CM Firm Name:				
SDA/CM Contact Name:				
SDA/CM Email Address:				
SDA/CM Contact Phone Number:				
(If applicable) What is the completion date for each phase of the project?				
(For FFT&E Use Only) Budget Amount:				

Program Operations <u>must</u> submit the following:

- 1 set of 1/8" Scale Layouts of Furniture
- Color Board (Approved by District)
- 1 set of Electrical Drawings
- 1 Room Finish Schedule
- □ 1 Approved Educational Specifications
- 1 Electronic CAD File on USB Flash Drive

Form acknowledged by:

Date: