

New Jersey Schools Development Authority REQUEST FOR END USER TECHNOLOGY

(Form and attachments must be submitted ten (10) months 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 Operations Program Officer		Program Operations Program Director
Project Name / District:				
School Address: (Street, City, State & Zip Code)				
DOE: Project Number: (i.e. 0000-000-00-000000)				
Package Number: (i.e. DK-0000)				
Substantial Completion Date:				
School Opening Date:				
District Technology Contact Name:				
District Technology Contact Email Address:				
District Technology Contact Phone Number:				
School Contact Name:				
School Contact Email Address:				
School Contact Phone Number:				
Architect Firm Name & Contact Name:				
Architect Email Address:				
Architect Phone Number:				
SDA/CM Firm Name & Contact Name:				
SDA/CM Contact Email Address:				
SDA/CM Contact Phone Number:				
(For FFT&E Use Only)				
Budget Amount:				
Integrator Firm Name:				
Integrator Contact Name:				
Integrator Contact Email Addres	s:			
Integrator Phone Number:				
Program Manager / Construction 2 sets of 1/8" scale layouts of 1 set of Riser Diagrams 1 set of Electrical Drawings 1 set of Data/Telecommuniction Approved IT Plan 1 set of the Final Technology 1 try Questionnaire	of furniture and architectura cation Plans gy Specification (Div. 16 ar	al plans		
Form acknowledged by:			Date:	