

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

(Form to be submitted ten (10) months prior to substantial completion date)

To: Director of Purchasi	ng/Procurement (FFT&E)		
Date:	Submitted by:	Approved by:	
SDA Managed	Construction Operations Program Officer	Construction Operations Regional Director	
Project Name / District			
School Address: (Street, Ci	ity, State & Zip Code)		
Project Type: (Add, Renovation, New Construction)			
DOE: Project Number: (i.e. 0000-000-000-000)			
Package Number: (i.e. DK-	-0000)		
Targeted Delivery Date:			
School Opening Date:			
Anticipated Room Cleaning	Date:		
Approved Charter Amount:			
School Contact Name:			
School Contact Email Addr	ess:		
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 Nu	umber:		
(If applicable) What is the c	completion date for each phase of the project?		
(For FFT&E Use Only) Budget Amount:			
☐ 1 set of 1/8" Scale Lay			
☐ 1 Approved Education	nal Specifications		
☐ 1 Electronic CAD File			
Form acknowledged by:		Date:	
	Director of Purchasing/Procurement (FFT&E)		