

Request for Modular Systems Furniture (MSF)

Agency Information

Agency: _____
Project Name: _____
Address: _____
City, State Zip: _____

Agency Contact Information

Name: _____
Phone Number: _____
Fax: _____
E-mail: _____

MSF Information

Number of Workstations: _____ Number of Rooms: _____
Percent of Facility already MSF: _____ Which Manufacturer: _____

Revitalized MSF Information

All mandated agencies will be reviewed for Revitalized MSF per Management Memo 11-01

*Revitalized MSF is previously used CALPIA MSF that is updated to be used again. Revitalized MSF is limited to availability and choices on colors are restricted. Revitalized use is based on functional needs and not on color selection.

Color request to match existing: Panel: _____ Trim : _____

Is typical known? Yes No If yes, please attach drawings.

Installation Information

Estimated Installation Date: _____ Will Installation be in phases? Yes No

If yes, please specify: _____

Estimated Occupancy Date: _____ Is the lease signed? Yes No

Space Plan Information

RESD Project #: _____ Have space plans been completed? Yes No

Planner Name: _____ Phone Number: _____

E-mail: _____ Fax: _____

Please indicate the MSF Request

New MSF Revitalized MSF* Reconfigure Space Plan Waiver

Additional comments/waiver justification _____

A CALPIA waiver for MSF is based on the scope provided on this request, if the scope changes and/or there is a change in time-line of more than 90 days, a new MSF review is required. If CALPIA waives this project a Prison Industry Exemption Request (SAL-F001) is not needed.

- Accepts this project using:
 - Revitalized MSF New MSF
- Needs additional information.
Please call (916) 358-2214.
- Waives this project, based on this MSF request scope and time-line.

- Accepts conditionally need:
 - Space plan by: _____
 - Purchase order by: _____

Office Systems Product Manager/Date
(916) 358-2797

Office Systems Coordinator/Date
(916) 358-2214

E-mail form to centurysystems@calpia.ca.gov or fax to (916) 358-2663.