

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.

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: _____

Please indicate the MSF Request

Century MSF Legion 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 with:
 Century MSF Legion MSF

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

Waives this project, based on this MSF request scope and time-line.

 Project and Installation Manager/Date
 (916) 358-1739

 Office Systems Coordinator/Date
 (916) 358-1740

E-mail form to centurysystems@calpia.ca.gov.