

## 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: \_\_\_\_\_ 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.**

- |  |  |
|--|--|
| <input type="checkbox"/> Accepts this project using:   | <input type="checkbox"/> Accepts conditionally need: |
| <input type="checkbox"/> Revitalized MSF <input type="checkbox"/> New MSF                    | Space plan by: _____                                 |
| <input type="checkbox"/> Needs additional information.                                       | Purchase order by: _____                             |
| Please call (916) 358-2214.  |  |
| <input type="checkbox"/> 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) 358-2214

**E-mail form to [centurysystems@calpia.ca.gov](mailto:centurysystems@calpia.ca.gov) or fax to (916) 358-2663.**