

CALPIA No:	
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## Request for Modular Systems Furniture (MSF)

Agency Information		Agency Contact Information	
Agency:		Name:	
Project Name:		Phone Number:	
Address:		Email:	
City, State, ZIP:			

### Space Planner Information

RESD Project #:		Planner Name:	
Phone Number:		Email:	

### MSF Information

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

### Installation information

Estimated Installation Date:		Will installation be in phases?	Yes	No
Estimated Occupancy Date		Is the lease signed?	Yes	No

Have space plans been completed?    Yes                  No                  Is typical known?    Yes                  No

### Please indicate the MSF Request

(see [Panel Systems - CALPIA Store](#) for product information)

Compass MSF                  Galaxy MSF                  Legion MSF                  Reconfigure                  Space Planning                  Waiver

Additional comments/waiver justification


**Accepts this project with:**                  Compass MSF                  Galaxy MSF                  Legion MSF

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

MSF Manager (916) 358-1739	Date	MSF Coordinator (916) 358-1740	Date

**Waives this project on MSF Scope:**

Products Management Specialist	Date

**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 the time-line of more than 90 days; a new MSF review is required. If CALPIA waived this project General State Agency Exemption Request (SAL-F001), is not needed.**

**Email form to [msf.mailbox@calpia.ca.gov](mailto:msf.mailbox@calpia.ca.gov)**