



## NJ Child Care Facilities Improvement Program – Phase 1

### FURNITURE, FIXTURE AND EQUIPMENT REQUISITION FORM

#### INSTRUCTIONS:

This form is used as a record of your disbursement request for pre-approved Furniture, Fixtures, and Equipment.

1. Please complete and review the following information for accuracy.
2. Return once completed and signed.
3. Grantee will be reimbursed directly through ACH payment.

#### ACH INSTRUCTIONS:

NJEDA is instructed and authorized to transfer funds electronically to the grantee using the information detailed below. If NJEDA is unable to transfer funds electronically a paper check will be mailed to the address listed below.

**GRANTEE:**

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Account Type: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank's Routing Number: \_\_\_\_\_

SWIFT or BIC code: \_\_\_\_\_

*(if applicable)*

Transfer Amount: \_\_\_\_\_

**CERTIFICATION**

The undersigned, a duly authorized representative of Grantee, hereby certifies to the Authority on his/her behalf and on behalf of Grantee, that:

1. This requisition and all requisitions previously disbursed to or on behalf of Grantee under the Grant have been expended for pre-approved furniture, fixtures, and equipment at the listed project location in your application and not for any other use or purpose; and
2. The expenses covered by this requisition do not duplicate benefits received under any other program, insurance, or any other source for the same purpose in accordance with the grant documents. Furthermore, I am able to supply documentation to support this at the request of the New Jersey Economic Development Authority or program auditors.

Terms used in this Certification shall have the same meaning as ascribed to them in the Grant documents that relate to the Child Care Facilities Improvement Program unless expressly indicated otherwise. Pursuant to written policy, the New Jersey Economic Development Authority allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Your signature below shall serve as evidence that the Grantee also agrees to be bound by electronic signatures.

- Authorized Representative Name:  
\_\_\_\_\_
- Title:  
\_\_\_\_\_
- Date:  
\_\_\_\_\_
- Signature:  
\_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE – FOR USE BY NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY ONLY**

Grantee Name:	Total Amount of Grant: \$
Product Number:	Total Amount of Prior Payment(s): \$
Closing Date:	Total Amount this Payment: \$
Fund:	Total Grant Funds Remaining: \$
<b>Reviewed by:</b>	<b>Approved by:</b>
Officer:	Director – Tara Colton, EVP for Economic Security
Date: __/__/23	Date: __/__/23

