



NJ Child Care Facilities Improvement Program – Phase 1

FURNITURE, FIXTURES, & 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 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 digitally and hereby agrees to be bound by such digital signatures. Your signature below shall serve as evidence that the Grantee also agrees to be bound by electronic signatures.



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Total Amount of this Payment Request:

Total Project Award:

Total Disbursements:

Project Award Balance:

Project Award Balance Percentage:

FFE Balance:

FFE Funds Balance Percentage:

Authorized Representative Name:

Title:

Signature:

Date:

Check below if:

This is the final request for FFE Disbursement



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

Grantee Name:	PROD Number:
Closing Date:	Fund:

Grantee Reviewer: _____

Date: _____

Project Officer: _____

Date: _____

Director/Manager: _____

Date: _____