

NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY
TASK ORDER REQUEST
(Reference RFP #2022-RFP-0000061)

CONTRACTOR NAME	
PROJECT TITLE	
DATE	
PROJECT SUMMARY	
DATE NEEDED	
NJEDA CONTACT (Name, Title, Address, E-mail & Telephone Number)	
<p>Cost Submission: Please provide a cost estimate for the above referenced project, in accordance with the Fee Schedule submitted for RFP #2022-RFP-0000061 – University Hospital Study Consulting Services. By providing a cost estimate, the Vendor is certifying that there is no Conflict of Interest with the subject request. Within five (5) business days of confirmation of receipt of the TOR Request, the Vendor shall e-mail the Authority a TOR Vendor Response Form provided by the Authority. Each estimate must include a Not-to-Exceed amount and statement as such.</p>	
<p>WRITTEN NOTICE TO PROCEED MUST BE PROVIDED BY THE AUTHORITY BEFORE WORK ON THIS PROJECT MAY BEGIN.</p>	
PROJECT DESCRIPTION	
ADDITIONAL PARTIES TO RELY ON THE RESPONSE	