



Commonwealth of the Northern Mariana Islands
Office of the Secretary of Public Works
 2nd floor - Oleai Joeten Commercial Center
 Saipan, MP 96950



FACILITIES BRANCH/ A & E SECTION

A & E ASSISTANCE REQUEST FORM

DATE: _____

*** Must complete all requested information ***

CONTACT INFORMATION:	
<u>USING AGENCY:</u>	<u>Phone:</u>
<u>Contact Person(s):</u> 1.) 2.) 3.)	<u>Fax:</u>
	<u>Email Address:</u>
PROJECT INFORMATION	
<u>PROJECT BUDGET AMOUNT:</u>	
<u>FUNDING SOURCE AND ACCOUNT NO.:</u>	<u>GRANT No.</u> <u>GRANT or LIQUIDATION EXPIRATION DATE:</u>
1.)	
2.)	
3.)	
<u>PROJECT DESCRIPTION:</u>	
*Note: 1.) Attach funding support or grant award approval. 2.) It is understood that all other related costs (i.e. advertisement, printing, etc.) shall be at the expense of the using agency.	
<u>AUTHORIZED SIGNATURE (Dept./Agency Head or Designee):</u>	<u>DATE:</u>
<u>PRINT NAME:</u>	<u>TITLE:</u>
FOR DPW TSD USE ONLY	
<u>REMARKS:</u>	

<u>Submission Verified By:</u>	
Signature	Print Name Date
<u>Concurred By:</u>	<u>DATE:</u>
<u>NAME:</u>	<u>TITLE:</u>