

**NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY**  
**TASK ORDER REQUEST**  
*(Reference RFP #2024-RFP-220)*

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| <b>CONTRACTOR NAME</b>   |  |
| <b>PROJECT TITLE</b>   |  |
| <b>DATE</b>  |  |
| <b>PROJECT SUMMARY</b>   |  |
| <b>DATE NEEDED</b>   |  |
|  |  |
| <b>NJEDA CONTACT</b><br>(Name, Title, Address,<br>E-mail & Telephone Number)   |  |
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| <p><b>Cost Submission:</b> Please provide a cost estimate for the above referenced project, in accordance with the Fee Schedule submitted for RFP #2024-RFP-220 – Employee Stock Ownership Plan Assistance Program. By providing a cost estimate, the Contractor 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 Contractor shall e-mail the Authority a TOR Contractor Response Form provided by the Authority. Each estimate must include a Not-to-Exceed amount and statement as such.</p> |  |
| <p><b>WRITTEN NOTICE TO PROCEED MUST BE PROVIDED BY THE AUTHORITY BEFORE WORK ON THIS PROJECT MAY BEGIN.</b></p>   |  |
| <b>PROJECT DESCRIPTION</b>   |  |
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| <b>ADDITIONAL PARTIES TO RELY ON THE RESPONSE</b>  |  |
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