APPENDIX 'D'

Please complete the following for scheduling purposes:

Expected lead time required from the date of your letter of intent for submittal of Shop Drawings

Shop Drawing Name/Description	**Expected Number of Days until Receipt**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Expected delivery time required from the date your shop drawings are reviewed by consultant:

Equipment/Material Name/Description	**Expected Number of Days Until Delivered to Site**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Expected length of time for onsite work to progress & what other work MUST be completed prior to your starting:

Work Description	**Duration of Work**	**Work to be Completed Prior to Starting**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____