



# PROGRAM OFFICE TECHNOLOGY PURCHASE REQUEST (TPR)

Please complete the form below, attach supporting required documents, and submit to [technologyrequests@mdek12.org](mailto:technologyrequests@mdek12.org)

## TECHNOLOGY PURCHASE INFORMATION

*(To be Completed by the Requesting Program Office)*

Name of Product/Service:		Date:	
Requestor Name/Title:		Requesting Office:	

## TECHNOLOGY PROGRAM OFFICE SECTION ONLY

*(To be Completed by MDE Technology Authorized Personnel)*

<input type="checkbox"/> National Association of State Purchasing Officers (NASPO)	<input type="checkbox"/> Express Product Lists (EPL)	<input type="checkbox"/> ITS Master Contract	RFP/MAGIC Contract #: _____
		<input type="checkbox"/> Instructions for Use Memo	

## TO BE COMPLETED BY REQUESTING PROGRAM OFFICE

*(To be Completed by the Requesting Program Office)*

Technology Type:	<input type="checkbox"/> Hardware <input type="checkbox"/> Equipment <input type="checkbox"/> Software <input type="checkbox"/> Maintenance and/or Support <input type="checkbox"/> Services <b>Hardware</b> (e.g., computer, printer, laptop, monitor, etc.) <b>Equipment</b> (e.g., telephone, two-way radio, satellite, etc.)
Item Selection:	<input type="checkbox"/> Laptop <input type="checkbox"/> Adapter <input type="checkbox"/> Hockey Puck <input type="checkbox"/> Keyboard <input type="checkbox"/> Mouse <input type="checkbox"/> All-in-One
	<input type="checkbox"/> Computer Monitor <input type="checkbox"/> Docking Station <input type="checkbox"/> Briefcase <input type="checkbox"/> Computer Camera <input type="checkbox"/> Other
	<input type="checkbox"/> Tablet <input type="checkbox"/> Stylus Pen <input type="checkbox"/> Keyboard <input type="checkbox"/> Case <input type="checkbox"/> Other
	<input type="checkbox"/> Printer
Item Quantity and Description:	
Request Type:	<input type="checkbox"/> New <input type="checkbox"/> Amendment <input type="checkbox"/> Renewal <input type="checkbox"/> Replacement
Name of potential vendor(s) and the contact information to send the solicitation packet, if applicable:	
Name of vendor providing the current services, if applicable:	

**Project Description:** Provide a project description of the purchase requested. For complex projects exceeding an anticipated cost of **\$75,000**, please complete the **Project Description Form**.

**Justification:** Provide detailed information to justify the purchase request. Include information about the user, how purchase requested will be used and for what purpose.

**FOR HARDWARE or EQUIPMENT WITH or WITHOUT SOFTWARE**

Estimated cost:	\$	How many years are anticipated to use hardware or equipment?	What is the projected Lifecycle Cost required for <b>ALL</b> years the hardware will be utilized? <i>(e.g., Installation costs, lifetime maintenance &amp; operating costs, and replacement costs, if any)</i>	\$
Support cost, if applicable:	\$			

**FOR NEW SOFTWARE/SUBSCRIPTION or SERVICE**

Anticipated years to use product and/or service?		What is the projected Lifecycle Cost required for <b>ALL</b> years the product(s) and/or services will be utilized? <i>(e.g., Development &amp; operating costs, lifetime maintenance, etc.)</i>	\$	Will purchase access student level data? <b>Y or N</b>	
Is customization required? <b>Y or N</b>					
Name User(s), if applicable:					

**FOR RENEWAL/CONTINUED USE OF SOFTWARE/SUBSCRIPTION or MODIFICATION/RENEWAL OF SERVICE**

Anticipated years to continue this product and/or service?		End date for current services.	Will product or service access student level data? <b>Y or N</b>	
What is the TOTAL amount expended to date?	\$			
Name User(s), if applicable:				

**FUNDING DETAILS: BUDGET CODES**

*I certify that the budget codes provided below have adequate budget authority available for this purchase.*

Budget Year:		Fund:	
Cost Center:		Internal Order:	

**Program Budget Designee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Grants Management (federal funds):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PROGRAM OFFICE APPROVAL**

*I certify that I have reviewed this technology purchase request and I have determined that these products and/or services are essential for program use.*

**Bureau Director or Above Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MDE TECHNOLOGY OFFICE**

*(To be Completed by MDE Technology Authorized Personnel)*

*I certify that I have reviewed this technology purchase request and I have determined that the product(s) and/or service(s) are appropriate and integrate with MDE's infrastructure. I recommend proceeding with the following procurement method: (please check)*

- Hardware/Software (Quotes)     Custom Solution (Development)     Professional Services (Consulting)
- EPL (Quotes)     NASPO (Quotes)     ITS Procurement     P-Card Program     Other\_\_\_\_\_

**Customer Support Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Approved                       Disapproved

If disapproved, reason for disapproval:  Security Risk     Network Infrastructure     Other \_\_\_\_\_

**IT Director (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Chief Information Officer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE OFFICE OF PROCUREMENT**

*(To be Completed by Procurement Authorized Personnel)*

*I certify that I have reviewed this Technology Procurement Request and I have determined that the request complies with the applicable policies and procedures for the Mississippi State Board of Education (SBE) and/or the Mississippi Information Technology Services (ITS).*

Awarded Vendor Name:

Is Legal Review Required?  
**(Yes) or (No)**

Lowest Bid Price:

**Technology Procurement Analyst or Above Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PURCHASE ORDER or VENDOR AGREEMENT PROCESSING**

**\*\*The Program Office shall submit a complete and accurate packet via the selected portal below.\*\***

**PURCHASE ORDER PROCESSING**

[purchasingrequests@mdek12.org](mailto:purchasingrequests@mdek12.org) for **Equipment**

[Shopping Cart in MAGIC](#) for **Software and Hardware**

**VENDOR/ITS AGREEMENT PROCESSING**

[grantsandcontracts@mdek12.org](mailto:grantsandcontracts@mdek12.org) for **Vendor or ITS Agreements** \*\*

**\*\*Visit the Office of Procurement technology webpage to obtain a Technology Justification Form for processing of a vendor software agreement and an ITS contract.**