|  |
| --- |
| Please complete the form below and submit packet to grantsandcontracts@mdek12.org  |
| Date Received by Procurement |  | Procurement Control Number |  |

# TO BE COMPLETED BY REQUESTING OFFICE

|  |  |
| --- | --- |
| **Program Office Name** |  |
| **Vendor Name** |  |
| **Dates of Agreement** | **Beginning Date** | ***Date here must match the board item request, if applicable*** | **End Date** |  |
| **Total Amount** | $ | **STATE** |  | **FEDERAL** |  | **OTHER**  |  |
| **Modification/Renewal****Increase/ Decrease** | $ | **Year to Date****(Life Cycle Cost)** | $ | **Effective Date** |  |
| **New Modified Total** | $ | **Modified Period** |  |

**OFFICE OF PROCUREMENT**

The Offices of Technology and Strategic Services (OTSS) and Procurement reviews program office’s technology request in accordance with the State Board of Education (SBE) and/or Information of Technology Services (ITS) policies and procedures.

Please check one:

 **\_\_\_\_** This packet includes a **vendor software agreement –** *Contract must be executed by all parties prior to*

 *submission to procurement for processing (Contact Legal for Contract Terms and Conditions)*

 **\_\_\_\_** This packet includes an **ITS Contract Agreement –** *Unsigned contract must be attached* *prior to*

 *submission to procurement for processing*

 ***(Procurement Required Support) Check applicable boxes:***

|  |  |  |
| --- | --- | --- |
|  | Technology Purchase Approval Request Form  | Authorized and Signed by OTSS |
|  | Solicitation | MDE **Request for Quote** for services/product |
|  | Vendor Quote(s) | Competitive Vendor Quotes Required Over $5,000  |
|  | Vendor Agreement (software) | Reviewed by legal, if applicable and **signed by all parties** |
|  | ITS Agreement | Unsigned ITS Agreement/Exhibits, SOWs, etc.  |
|  | Board Item, if applicable | $50,000 or more |
|  | Other | Additional Support e.g., sole source letter, etc.  |

***I have reviewed the above required support and agree these services are required and a contract packet should be routed to the Office of Procurement for processing and approved by the State Board of Education, if applicable.***

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

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

**SOFTWARE AGREEMENTS ONLY**

**(To be Completed by the Office of Procurement)**

**Assigned Contract Analyst Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **MAGIC CONTRACT NUMBER, if applicable** |  |

**INFORMATION TECHNOLOGY SERVICES (ITS) CONTRACTS ONLY**

**(To be Completed by the Office of Procurement and Compliance)**

**Technology Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**Procurement Director/Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Compliance Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**