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|  | **Competitive Procurement Request** |
| **Project Title:**  |  |
| **Contact Information** |
| **Agency/Institution:**  |  | **Contact Person:**  | Procurement Director |
| **Mailing Address:** |  | **Phone Number:**  | 601-359-2334 |
| **Email Address:** | PDemail@mdek12.org |
| **MAGIC Customer #:** (only required from state agencies) |  | **Division/Dept:**  | Procurement Office  |
| **Project Summary** |
| **Description of Project:**(Include details of original acquisition if applicable) |  |
| **Additional Information:** (*if any*) |  |
| **ITS Acquisition Approval (CP-1) should be effective through this date:**  |  |
| **Cost Estimates**  |
| **Fiscal Year** | **Initial Costs** | **Ongoing Costs** | **Time Constraints** | **Other Important Deadline(s):** (e.g. current contract/CP-1 expiration dates) |
| FY |  |  |  | Item Needed by:  |  |
| FY |  |  |  | Funds Expire:  |  |  |
| FY |  |  |  | **Total Estimated Project Cost:** (enter below) | **Estimate the Anticipated Lifecycle or Years of Product/System’s Effective Use:** |
| FY |  |  |  |
| FY |  |  |  |  |  | Years |
| **Funding Source:** Click Here to Select |  |
| **Discuss Funding:** (e.g. fund number; how much of needed funding is definite; total project budget; any matching or other non-state funds) |  |
| **Acquisition Details** |
| **Item or Part Number**  | **Quantity** | **Description** | **Building Location(s)** |
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| **Describe Platform and Infrastructure:** Where does your agency plan to house or host the requested equipment or service? What resources currently available through ITS are needed (network connectivity, cloud computing/storage, colocation, business resiliency, etc.)? ***NOTE: For equipment or services outside of current ITS available contracts and resources, justification must be attached.*** |  |
| **Progress to Date:** What has been done related to this project, including any communication with ITS staff? |  |
| **Vendors Contacted:** List vendors and attach written estimates or other information received from vendors.  |  |
| **Critical Factor(s):** What was considered in the selection of a vendor, brand, or solution for this acquisition? |  |
| **MAGIC Vendor Code(s) - Vendor must be in MAGIC before a CP-1 can be issued.**  |
| **Place Order To Vendor Code:** | **Vendor Name:** |  |  **Remit To Vendor Code:** | **Vendor Name:** |  |
| **Vendor Address:** |  | **Vendor Address:** |  |
|  |  |

By my signature, I acknowledge that ITS will conduct the procurement of the IT products or services indicated above with my agency’s/institution’s approval.

3771 Eastwood Drive

Jackson, Mississippi 39211

Phone 601-432-8000 Fax 601-713-6380

www.its.ms.gov

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Name and Title (Agency Head/Public Institution CIO/Designee) Signature Date