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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