|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **Exemption 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) | | | | |  | | | | | | | | | | | | | |
| **ITS Acquisition Approval (CP-1) should be effective through this date:** | | | | | | | | | | | | | |  | | | | |
| **Cost Estimates** | | | | | | | | | | | | | | | | | | |
| **Fiscal Year** | | **Initial Costs** | | | | | **Ongoing Costs** | | | | **Time Constraints** | | | | | **Estimate the Anticipated Lifecycle or Years of Product/System’s Effective Use:** | | |
| FY |  |  | | | | |  | | | | Item Needed by: | | |  | |
| FY |  |  | | | | |  | | | | Funds Expire: | | |  | |  | | Years |
| FY |  |  | | | | |  | | | | **Other Important Deadline(s):** (e.g. current contract/CP-1 expiration dates) | | | | | | | |
| FY |  |  | | | | |  | | | |  | | | | | | | |
| FY |  |  | | | | |  | | | |
| **Total Estimated Project Cost:** | | | | | | |  | | | |
| **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)** | | | |
|  | | | |  | | | |  | | | | | | |  | | | |
|  | | | |  | | | |  | | | | | | |  | | | |
|  | | | |  | | | |  | | | | | | |  | | | |
| **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? | | | | | | | | | | | |  | | | | | | |
| **Planned Acquisition Method** | | | | | | | | | | | | | | | | | | |
| **Describe the manner in which this procurement will be conducted in fulfillment of state law.** | | | | | | | | | | | |  | | | | | | |

By my signature, I acknowledge: (1) this agency/institution will follow all applicable laws for public purchasing in the acquisition, including developing open specifications, advertising according to public law, ensuring a thorough and equitable evaluation of all responses, and responding in a timely manner to all public records and post procurement review requests; (2) this agency/institution will negotiate any and all applicable contracts and contract amendments arising from this procurement, with signature authority for the State being delegated by the ITS Executive Director to the executive of this agency/institution; and (3) any protests resulting from this procurement will be heard by the ITS Executive Director and/or ITS Board, in accordance with the ITS Protest Procedure and Policy. **Authority of ITS Executive Director to negotiate limitation of liability per MS Code Section 25-53-21(e) cannot be delegated and does NOT apply to this exemption.**

3771 Eastwood Drive

Jackson, Mississippi 39211

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

www.its.ms.gov

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

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