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|  | | | | | | **Revision to Previous Procurement Request** | | | | | | | | | | | | | | | |
| **Project Title:** | | | |  | | | | | | | | | | | | | | | | | | |
| **Funding Source:** | | | | Click Here to Select | | | | | |  | | | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | | |
| **Agency/Institution:** | | | | MS Department of Education | | | | | | | **Contact Person:** | | | | Procurement Director | | | | | | | |
| **Mailing Address:** | | | | 359 North West Street  Jackson, MS 39201 | | | | | | | **Phone Number:** | | | | 601-359-5716 | | | | | | | |
| **Email Address:** | | | | PD@mdek12.org | | | | | | | |
| **Division/Dept:** | | | | Procurement | | | | | | | |
| **MAGIC Information - Only required from state agencies** | | | | | | | | | | | | | | | | | | | | | | |
| **Customer Number:** | | | | |  | | | | | **Provider Code:** |  | | | | | **Agency Code:** | | | |  | | |
| **Project History and Accounting** | | | | | | | | | | | | | | | | | | | | | | |
| **CP-1 Number to be Revised:** | | | | | | | |  | | | **Reason(s) Revision Required** (Choose all that apply) | | | | | | | | | | | |
|  | Increase Dollar Amount | | | | | | |  | Extend Expiration Date | | |
| **MAGIC Contract Number:** | | | | | | | |  | | |  | Change Vendor Information | | | | | | |  | Increase Scope | | |
|  | Other (**Describe** 🡪) | | | | |  | | | | | |
| **Expenditures to Date** | | | | | | | | | | | | | | | | | | | | | | |
| Payment History: Provide details for at least the previous 12 months. Payments older than 12 months may be summarized by Fiscal Year. | | | | | | | | | | | | | | | | | | | | | | |
| **Invoice Number** | | **Invoice Date** | | | | | | **Description** | | | | | **Invoice Amount** | | | | **Payment Date** | | | | **Payment Amount** | |
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| **Dollar Amounts** | | | | | | | | | | | | | | | | | | | | | | |
| **Original CP-1 Expiration Date:** | | | | | | | | |  | | **New Expiration Date:** | | | | | | | | | |  | |
| **Original CP-1 Amount Approved:** | | | | | | | | |  | | **Requested Revision Amount:** | | | | | | | | | |  | |
| **Previously Approved Increases:** (if any) | | | | | | | | |  | | **Quote Attached:** | | | | | | | | | | **Yes**  **No** | |
| **Remaining Balance at Time of Request:** | | | | | | | | |  | | **New Cumulative Balance with Revision:** | | | | | | | | | |  | |
| **Vendor Information** | | | | | | | | | | | | | | | | | | | | | | |
| **Original Vendor** | | | **Name:** | | | |  | | | | **New Vendor** | | | **Name:** | | | |  | | | | |
| **Address:** | | | |  | | | | **Address:** | | | |  | | | | |
| **Reason For Revision** | | | | | | | | | | | | | | | | | | | | | | |
|  | **Change of Scope:** Please describe the changes (addition of equipment, products, or services). | | | | | | | |  | | | | | | | | | | | | | |
|  | **Other:** Specify the condition(s) that require this revision. | | | | | | | |  | | | | | | | | | | | | | |

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