|  |  |  |  |
| --- | --- | --- | --- |
| For Procurement Use Only | | | |
| Date Received by Procurement |  | Procurement Control Number |  |

# TO BE COMPLETED BY REQUESTING OFFICE

**Does the scope of work for the proposed contract include IT-related services?**

Check one of the following:

Yes. If yes, complete a TECHNOLOGY JUSTIFICATION FORM and deliver packet to the Office of Technology and

Strategic Services for review and processing.

No. If no, complete sections below and deliver contract packet to the Office of Procurement.

|  |  |
| --- | --- |
| **Requesting Office** |  |
| **Office Contact(s)** |  |
| **Name of Contractor** |  |

**Justification of Modification Request:**

|  |
| --- |
|  |

**Consequence of Contract Being Disapproved:**

|  |
| --- |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **The MDE Tracking Number** | program office determines this number, if applicable | | |
| **Effective Date of Original Contract** |  | **Modified Contract**  **End Date** |  |
| **Current Amount of Contract** |  | | |
| **Amount of Increase/(Decrease)** |  | | |
| **Total Amount of Modified Contract** |  | | |

***I have reviewed this contract request and have determined that these services are needed and cannot be provided by current staff. I certify that funds are available in my budget to fund this contract. I understand that the contract will become effective on the date it is signed by all parties, and the contractor may not begin work until the contract is effective.***

**Authorized Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Bureau Director or Above)**

**Office of Grants Management, if applicable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Chief Officer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY THE OFFICE OF PROCUREMENT**

**I have reviewed this contract request and have determined that the contract complies with the Mississippi Board of Education and Public Procurement Review Board (if applicable) policies and procedures.**

**Contract Analyst Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**TO BE COMPLETED BY THE COMPLIANCE OFFICER**

The proposed contract award is applicable to the scope of work proposed in the contract justification solicitation, and bid.

Check one of the following:

      Yes, please request executive signatures.

      No, please return to program office for additional information.

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

**TO BE COMPLETED BY THE OFFICE OF PROCUREMENT**

|  |  |
| --- | --- |
| **MAGIC CONTRACT NUMBER** |  |
| **EFFECTIVE DATE OF CONTRACT** |  |