|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CONTRACT PROCUREMENT**  (*To be Completed by the Requesting Program Office*) | | | | | | |
| Name of Service: |  | | Date: | Phone: |  |  |
| Requestor Name/Title: |  | | Requesting Office: | |  | |
| **PROCUREMENT REQUEST**  *(Skip to Modification to Amend or Renewal Section if this is not a new procurement)* | | | | | | |
| Name and email of potential vendor(s) and the contact information to send the solicitation packet, if applicable: | |  | | | | |
| Name of vendor providing the current services, if applicable: | |  | | | | |
| Anticipated cost for services? | | $ | | | | |
| **DETAILED SCOPE OF WORK** | | | | | | |
| Considerations: Be Specific:  Describe services to be rendered.  What do you hope to accomplish?  Are reports required? | |  | | | | |

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| **FUNDING DETAILS: BUDGET CODES**  (*To be Completed by the Requesting Program Office*)  *I certify that the budget codes provided below have adequate budget authority available to procure the requested services for an award.* | | | | | | | | | | | | | | | | | | | | | | | |
| Budget Year: | | | |  | | | | | | | | | Fund: | | | |  | | | | | | |
| Cost Center: | | | |  | | | | | | | | | Internal Order: | | | |  | | | | | | |
| Funding Source: State ONLY | | | | | |  | | | | | | | | | | | | | | | | | |
| **Program Budget Designee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | |
| **PROGRAM OFFICE APPROVAL**  *(To be Completed by Program Office Authorized Personnel)*  *I certify that I have reviewed this request and have determined that the service and/or product(s) are essential for the requesting program office.* | | | | | | | | | | | | | | | | | | | | | | | |
| **Bureau Director or Above Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**  **Chief Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | |
| **THE OFFICE OF PROCUREMENT**  *(To be Completed by Procurement Authorized Personnel)*  *I certify that I have reviewed the procurement request and I have determined that the best method to procure these services have been determined to comply with the applicable policies and procedures for the Mississippi State Board of Education (SBE) and/or the Public Procurement Review Board (PPRB).* | | | | | | | | | | | | | | | | | | | | | | | | |
| Request for Quotes (RFQuotes) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Notes to Program Office:** | | | | | | | | | | | | | | | | | | | | | | | | |
| **PROGRAM OFFICE APPROVAL**  *(To be Completed by Program Office Authorized Personnel)*  *I certify that I have reviewed the solicitation for advertisement and I have determined that the solicitation complies with the applicable services requested to achieve the work required.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Program Office Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | |
| **CONTRACT AWARD and DEVELOPMENT**  *(To be Completed by Procurement Authorized Personnel)* | | | | | | | | | | | | | | | | | | | | | | | | |
| Awarded Vendor Name: | | | | | | | | | |  | | | | | | | | | | | | | | |
| Total Award Amount: | | | | | | | | | | $ | | | Review Purchase Order Processing Below | | | | | | | | | | | |
| Date Contract Emailed to Program: | | | | | | | | | |  | | | | | | | | | | | | | | |
| **PROGRAM OFFICE APPROVAL**  *(To be Completed by Program Office Authorized Personnel)*  *I certify that I have reviewed the contract agreement and I have determined that the agreement prescribes to the content required to execute the contract for an award to begin services.* | | | | | | | | | | | | | | | | | | | | | | | | |
| **Bureau Director of Above Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | |
| **VENDOR REQUIRED DOCUMENTS CHECKLIST**  *(To be Completed by Procurement Authorized Personnel)* | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Emailed to Vendor: | | | |  | | | | | | | | | | | | | | | | | | | | |
| Information Change Form | | | |  | | Employee vs. Independent Questionnaire | | | | | | | | |  | | Debarment Form | | | |  | | W-9 |  |
| PERS Certification | |  | Certification of School District | | | | | | | |  | MS Secretary State Registration | | | | | | |  | other | |  | | |
| Date Entered in MAGIC: | | | | | | | |  | MAGIC Contract Number: | | | | | | |  | | | | | | | | |
| **PURCHASE ORDER PROCESSING**  *(To be Signed by Procurement Authorized Personnel)* | | | | | | | | | | | | | | | | | | | | | | | | |
| ***\*Programs must submit a complete and accurate packet to the Purchasing Division to request a purchase order (PO) via the selected portal below.\****  ***PURCHASE ORDER PROCESSING***  [purchasingrequests@mdek12.org](mailto:purchasingrequests@mdek12.org) - authorized amount for a purchase order only  Shopping Cart in MAGIC – contract process involved  **Contract Analyst Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | |