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| **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 - authorized amount for a purchase order onlyShopping Cart in MAGIC – contract process involved**Contract Analyst Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_** |