ITS Mississippi Department of Information Technology Services

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Cooperative Purchasing Supplement to Competitive Procurement Form (Must be accompanied by Competitive Procurement Form)

Governmental Entity Establishing the Cooperative Agreement:

Name of Cooperative Agreement:

Contact at Sponsoring Governmental Entity:

Phone:

Fax:

Email Address:

Certification this Cooperative Agreement is available for use by the State:

Certification Attached: ☐ **Yes** ☐ **No**

Other Requirements for Use of Agreement (e.g. any organizational membership, etc.)

Attach printout and/or Internet link for requested products or services, with contract pricing

Attach printout and/or Internet link for contract terms and conditions

Cost Benefit Justification:

Provide narrative and cost-based specifics showing that the use of this cooperative purchasing agreement is in the best interest of your agency/institution: