

Competitive Procurement Request

Project Title													
Contact Info	rmatior	า											
Agency/Institut	ess: pmer #: (only required from state mmary of Project: of original					С	ontact P	erson	:				
Mailing Addres				Р	Phone Number:								
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MAGIC Customer #: (only required			from state ane	ncies)		Division/Dept:					-		
Project Sum	· ·	yicquircu	nom state age	ficics)									
Description of Project: (Include details of original													
acquisition if applicable) Additional Information:													
(if any)	mation.												
ITS Acquisition	n Approva	al (CP-1)	should be ef	ffective th	hrough th	nis date:							
Cost Estima	tes												
Fiscal Year In	nitial Cos	ts	Ongoing Co	osts	Time Cor		nstraints		Other Important Deadline(s):		ne(s): (e	e.g. current	
FY					Item Needed by		<i>'</i> :		contract/CP-1 expiration dates)			5	
FY					Funds E								
FY					Total Es	timated F			Estimate				
FY FY						(enter bel	ow)		Years of	Product		n's Eff ears	ective Use:
Funding Sourc	<u></u>		-								ľ	ears	
Discuss Fundi			ar: how much										
			EL NOW MUCH										
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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.

Name and Title (Agency Head/Public Institution CIO/Designee) Signature

Date