|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Emergency Purchase Request**  **(Where Delay Would Be Detrimental to the Interests of the State)** | | | | | | | | | | | | | | | | | | | |
| **ITS review and approval IS required prior to purchase** | | | | | | | | | | | | | | | | | | | |
| **Project Title:** | | |  | | | | | | | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | |
| **Agency/Public University:** | | |  | | | | | | | | | | **Contact Person:** | | |  | | | |
| **Mailing Address:** | | |  | | | | | | | | | | **Phone Number:** | | |  | | | |
| **Email Address:** | | |  | | | |
| **MAGIC Customer #:** (only required from state agencies) | | | | | | | | | |  | | | **Division/Dept:** | | |  | | | |
| **Project Summary** | | | | | | | | | | | | | | | | | | | |
| **Description of Project:** (Include details of original acquisition if applicable) | | | | |  | | | | | | | | | | | | | | |
| **ITS Acquisition Approval (CP-1) should be effective through this date:** (Approval expires one year from date of purchase) | | | | | | | | | | | | | | | | | | |  |
| **Costs** | | | | | | | | | | | | | | | | | | | |
| **NOTE: The total purchases shall only be for the purpose of meeting the needs created by the emergency situation.**  **A completed, signed form and required documentation must be submitted for each declared emergency separately.** | | | | | | | | | | | | | | | | | | | |
| **MAGIC Contract or PO # :** (if one issued or created) | | | | | | | |  | | | | **Total Cost Estimate/Actual Amount:** | | | | | |  | |
| **Funding Source:** Click Here to Select | | | | | | | |  | | | | | | | | | | | |
| **Discuss Funding:** (e.g. fund number; how much of needed funding is definite; total project budget; any matching or other non-state funds) | | | | | | | |  | | | | | | | | | | | |
| **Acquisition Details** | | | | | | | | | | | | | | | | | | | |
| **Item or Part Number** | | **Quantity** | | | | **Description** | | | | | | | | | **Building Location(s)** | | | | |
|  | |  | | | |  | | | | | | | | |  | | | | |
|  | |  | | | |  | | | | | | | | |  | | | | |
|  | |  | | | |  | | | | | | | | |  | | | | |
| **Please review Rule 207.6: 013-060 of the ITS Procurement Manual for detailed descriptions of the below questions.** | | | | | | | | | | | | | | | | | | | |
| *► If applicable, attach a certified copy of the appropriate minutes of the agency’s board meeting regarding the emergency purchase.* | | | | | | | | | | | | | | | | | | | |
| **Does the situation fall under the definition of an emergency set forth in Section 31-7-1(f) of the Mississippi Code?** | | | | | | | | | | | | | | | | | | | |
| **Yes  No If no, please contact ITS to determine the type of procurement that best fits your situation.** | | | | | | | | | | | | | | | | | | | |
| **What happened to cause this emergency?** | | | | | | |  | | | | | | | | | | | | |
| **Would the delay incident to giving opportunity for competitive bidding be detrimental to the interests of the State?** | | | | | | | | | | | | | | | | | | | |
| **Yes – In accordance with Section 31-7-13(j) of the Mississippi Code you must submit this paperwork to ITS for approval** | | | | | | | | | | | | | | | | | | | |
| **PRIOR to making the emergency purchase.** | | | | | | | | | | | | | | | | | | | |
| **What would be the negative consequences of following normal purchasing procedures?** | | | | | | | | |  | | | | | | | | | | |
| **Basis for selection of vendor(s) to be used:** (What factor(s) affected the decision to choose the vendor? Include other products/vendors researched or evaluated.) | | | | | | | | |  | | | | | | | | | | |
| **Vendor’s proposal attached:** | | | | **Yes  No** | | | | | | | | | | | | | | | |
| **Required Post-Purchase Documentation: Customer understands and agrees that if the emergency purchase request is approved by ITS, in compliance with Section 31-7-13(j), following the emergency purchase, Customer SHALL provide documentation of the purchase, including a description of the product/service purchased, the purchase price thereof, and the nature of the emergency. Customer shall submit documentation of the executed contract, if available/applicable, and/or purchase order/invoice which** | | | | | | | | | | | | | | | | | | | |
| **address the above requirements.** | | | | **Yes  No** | | | | | | | | | | | | | | | |
| **MAGIC Vendor Code(s) - Vendor must be in MAGIC before a CP-1 can be issued.** | | | | | | | | | | | | | | | | | | | |
| **Place Order To Vendor Code:** | **Vendor Name:** | | | |  | | | | | | **Remit To Vendor Code:** | | | **Vendor Name:** | | |  | | |
| **Vendor Address:** | | | |  | | | | | | **Vendor Address:** | | |  | | |
|  |  | | |

By my signature, I certify that, to the best of my professional knowledge an emergency exists in regard to the purchase of the requested products or services so that the delay incident to giving opportunity for competitive bidding would be detrimental to the interests of the State as outlined in Mississippi Code annotated Section 31-7-13(j) and in the ITS Procurement Manual, Rule 207.6: 013-060 Procurement Types: Emergency Purchases.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

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