

3771 Eastwood Drive Jackson, Mississippi 39211 Phone 601-432-8000 Fax 601-713-6380 www.its.ms.gov

Planned Purchase Request

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Project Title: IT Plan's Project Name and Number: (only required from state agencies)								Planned Purchase(s) for FY					
				nber: (only req	uired from s	state agencies)							
	tact In		lon			1	Contact F	Porson:					
Agency/Institution: Mailing Address:							Phone Number:						
Mailing Address.						-	Email Address:						
MAGIC Customer #: (only required from state agencies)								Division/Dept:					
Project Summary								Dept.					
Desci (Include acquis	ription of le details ition if ap cquisition	of Project of origina plicable) on Appl	ct:) should be e	effective th	nrough this date:							
	Estim	ates											
	scal Year Initial Costs		Ongoing Costs		Time Co	_	;			Deadline(s):	e.g. current		
FY FY					Item Needed by Funds Expire:		:		contract/CP-1 expiration dates)				
FY						Total Estimated Project Cos		t Cost	Estimate the Anticipated Lifecycle or				
FY	Υ				(enter			Years of Product/System's Effective Use:					
FY										Years			
of nee	ded fund atching o	ding: (e. ing is de r other no	finite; total po n-state funds	er; how much roject budget;)									
Acquisition Details Item or Part Number Quantity Description							EDI Nama and Numba			Building Location(s)			
item or Part Number Quantity			Description			EFLI	EPL Name and Number			iding Location	1(5)		
Describe Platform and Infrastructure: Where does your agency plan to													
house currer compu or sei justifi	e or host otly avail uting/stora rvices o ication i	the requable through the color of the color	uested equipough ITS are cation, busine of current IT attached.	oment or service needed (networks resiliency, et available of the service of the	ice? What work connectc.)? NOTE contracts								
	Progress to Date: (Related to project - including any communication with ITS staff) Vendors Contacted												
For a 1) A 2) A 3) A 4) V	Planned attach the attach the attach a p derify tha	d Procu e solicita e written orintout o t vendor sitions: U	rement, you tion request quotes rece of the EPL p pricing is the Up to \$1,000	ting the quote eived from EP page(s) containe ne same or les ,000.00, a mi	L vendors ning the pr ss than EP nimum of t	, accompanied by roduct(s) to be ac	quired. otes mus	t be attac	ched.			s required.	
Sele	ction a	and Ju	stificatio	n									
1) If S 2) If	the quo ee ITS F quote cl	tes requ Procuren hosen w	ested were nent Handbo as not the lo	ook, <i>0190-030</i> ow cost, subst	c, please a O Setting a tantial justi	ttach documentat Manufacturer Sta fication for the se IC before a CP-1 of	<i>ndard</i> for ection m	r requirer ust be at	ments.			hed.	
WAC	NO VEI	1001 C	ouc(s) - (rendor must i	Je III WAG		all be iss	sueu.					
Place	Order 7	Γο Ve	ndor Name	:		Rer	nit To	Vendo	or Name:				
	or Code	Vendor Address:			r Code:		Vendor Address:						
	signatu 's/institu			that ITS w	ill conduc	t the procuremen	nt of the	e IT pro	ducts or s	ervices	indicated abo	ove with my	
Name a	and Title	/ Head/Publi	c Institution C				Date						