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| **Cooperative Purchasing Supplement to** **Competitive Procurement**3771 Eastwood DriveJackson, Mississippi 39211Phone 601-432-8000 Fax 601-713-6380www.its.ms.gov |
| **(Must be accompanied by the Competitive Procurement Form)** |
| **Cooperative Agreement Information** |
| **Governmental Entity Establishing the Cooperative Agreement:** |  |
| **Name of Cooperative Agreement:**  |  |
| **Contact at Sponsoring Governmental Entity** |
| **Name:**  |  |
| **Phone Number:** |  |
| **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. organizational membership, etc.) |
|  |
| **Attach printout and/or indicate (below) the Internet link for requested products or services, including contract pricing.** |
| **URL of Link:** |  |
| **Attach printout and/or indicate (below) the Internet link for contract terms and conditions.** |
| **URL of Link:** |  |
| **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:** |
|  |

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