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| **Cooperative Purchasing Supplement to** **Competitive Procurement**  3771 Eastwood Drive  Jackson, Mississippi 39211  Phone 601-432-8000 Fax 601-713-6380  www.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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Jackson, Mississippi 39211

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