

## **Sole Source Certification Request**

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Project Tit								
Contact Info								
Agency/Insti	tution:		Cor	ntact Person:				
Mailing Addı	ess:		Pho	one Number:				
			Em	ail Address:				
MAGIC Customer # (only required from state agencies):				ision/Dept:				
Project Su		om state agencies).	DIV	Sion bept.				
r roject ou	IIIIIIai y							
Description								
(Include details								
acquisition if ap	, ,							
ITS Acquisition Approval (CP-1) should be effective through this date:								
Cost Estimates (Maximum allowed duration is 3 years per request/project)								
Fiscal Year	Initial Costs	Ongoing Costs	Time Constraints	Estimate the Anticipated Lifecycle or				
FY			Item Needed by:	Years of Product/System's Effective Use:				
FY			Funds Expire:					
FY			Other Important De	adline(s): (e.g. current contract/CP-1 expiration dates)				
Total Estima	ted Project Cost:							
Funding Sou	rce: Click Here to Sel	ect						
Discuss Fun	ding: (e.g. fund numbe	r; how much						
	ding is definite; total pro	oject budget;						
any matching o	or other non-state funds)							
Acquisitio	n Details							
Item or Part	Number Quantity	Description		Building Location(s)				
Describe Platform and Infrastructure: Where does your agency plan to house or host the requested equipment or service? What resources currently								
available through ITS are needed (network connectivity, cloud computing/storage, colocation, business resiliency, etc.)?  NOTE: For equipment or services outside of current ITS available contracts and resources, justification must be attached.								
110121101 equipment of controls outside of current to available contracts and recourses, justiment in act as attached								
Colo Cour								
	Sole Source Certification - Certification must be renewed for each revision or continuation of previous Sole Source Approvals.							
Explain why these products or services								
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