

Sole Source Certification Request

Project Title:		Stimulus (ARRA) Funds? Yes ___ No ___	
Customer Contact Information			
Agency/Public University: Address:		Contact Person: Phone: Fax: Email Address:	
MAGIC Customer Number (only required from state agencies):		Division/Dept: Handmail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Project Summary <i>Narrative Description of Project</i> (include details of original acquisition if applicable):			
ITS Acquisition Approval (CP-1) should be effective through this date (Please allow time for all vendor invoices to be paid):			
Cost Estimates <i>Fiscal Year</i>	<i>Initial Costs</i>	<i>Ongoing Costs</i>	Time Constraints Item Needed by: Funds Expire:
			Anticipated Lifecycle of Products/System (i.e. estimated years of effective use):
			Discuss Funding (e.g. how much of needed funding is definite; total project budget; any matching or other non state funds)
Total			
Acquisition Details			
Items Requested	Quantity	Description	Building Location(s)
Describe platform & infrastructure (connectivity; software/hardware platforms; utilization of State Data Center resources: mainframe, eGovernment portal, payment engine, document management, hosting). For equipment or hosting outside the State Data Center, attach justification:			
Progress to Date: What has been done related to this project, including any communication with ITS staff (data/voice/procurement/other)?			
Sole Source Certification Note: Certification must be renewed for each revision or continuation of previous Sole Source Approvals.			
Specific business requirements to be met by the requested products or services:			
Explain why these products or services are the only ones that can meet your needs (include unique features/special functionality):			
Explain why the source is the only entity that can provide the products or services (Include other products/vendors researched or evaluated):			
Explain why the amount to be expended for the services is reasonable:			
Explain what your agency did to obtain the best possible price for the services:			
Vendor's Certification of Sole Source attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		Vendor's proposal attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
MAGIC Vendor Code(s) Vendor must be in MAGIC before a CP-1 can be issued.			
Place Order To Vendor Name: Vendor Address:		Remit To Vendor Name: Vendor Address:	

By my signature, I certify that, to the best of my professional knowledge: the requested product or services are a sole source as outlined in the ITS Procurement Handbook, Rule 207.2:013-030 Procurement Types: Sole Source, and as outlined in Mississippi Code annotated Section 31-7-13. In addition, I acknowledge that there is a charge for ITS procurement services associated with this request which will be billed to the requestor by ITS and that my agency/public university is responsible for these charges/costs.

Name (Agency Head or Public University CIO)/Title

Signature

Date