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| **Emergency Purchase****(Where Delay Would Threaten Health, Safety, or Property)** |
| **ITS review and approval is NOT required prior to purchase** |
| **Project Title:**  |  |
| **Contact Information** |
| **Agency/Public University:**  |  | **Contact Person:**  |  |
| **Mailing Address:** |  | **Phone Number:**  |  |
| **Email Address:** |  |
| **MAGIC Customer #:** (only required from state agencies) |  | **Division/Dept:**  |  |
| **Project Summary** |
| **Description of Project:** (Include details of original acquisition if applicable) |  |
| **ITS Acquisition Approval (CP-1) should be effective through this date:** (Approval expires one year from date of purchase) |  |
| **Costs** |
| **NOTE: The total purchases shall only be for the purpose of meeting the needs created by the emergency situation. A completed, signed form and required documentation must be submitted for each declared emergency separately.** |
| **MAGIC Contract or PO # :** (if one issued or created) |  | **Total Cost Estimate/Actual Amount:** |  |
| **Funding Source:** Click Here to Select |  |
| **Discuss Funding:** (e.g. fund number; how much of needed funding is definite; total project budget; any matching or other non-state funds) |  |
| **Acquisition Details** |
| **Item or Part Number**  | **Quantity** | **Description** | **Building Location(s)** |
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| **Please review Rule 207.6: 013-060 of the ITS Procurement Manual for detailed descriptions of the below questions.** |
| **Does the situation fall under the definition of an emergency set forth in Section 31-7-1(f) of the Mississippi Code?** |
| [ ]  **Yes** [ ]  **No If no, please contact ITS to determine the type of procurement that best fits your situation.** |
| **What happened to cause this emergency?** |  |
| **Would the delay incident to giving opportunity to competitive bidding threaten the health or safety of any person or the preservation or protection of property?** |
| [ ]  **Yes - In accordance with Section 31-7-13 (j) of the Mississippi Code you may proceed with the emergency purchase and**  |
|  | **submit this paperwork to ITS as soon as practicable AFTER the emergency purchase.**  |
| **What would be the negative consequences of following normal purchasing procedures?**  |  |
| **Basis for selection of vendor(s) to be used:** (What factor(s) affected the decision to choose the vendor? Include other products/vendors researched or evaluated.)  |  |
| **Required Post-Purchase Documentation: In compliance with Section 31-7-13(j), following the emergency purchase, Customer SHALL provide documentation of the purchase, including a description of the product/service purchased, the purchase price thereof, and the nature of the emergency. Customer has attached documentation of the executed contract, if applicable/available,**  |
| **and/or purchase order/invoice which address the above requirements.** | [ ]  **Yes** [ ]  **No**  |
| **Vendor’s proposal attached:**  | [ ]  **Yes**[ ]  **No** | **Was a contract executed?** | [ ]  **Yes** (please attach)[ ]  **No** | **Purchase Order or Invoice attached:**  | [ ]  **Yes**[ ]  **No** |
| **MAGIC Vendor Code(s) - Vendor must be in MAGIC before a CP-1 can be issued.**  |
| **Place Order To Vendor Code:** | **Vendor Name:** |  |  **Remit To Vendor Code:** | **Vendor Name:** |  |
| **Vendor Address:** |  | **Vendor Address:** |  |
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By my signature, I certify that, to the best of my professional knowledge an emergency exists in regard to the purchase of the requested products or services so that the delay incident to giving opportunity for competitive bidding would threaten the health or safety of any person or the preservation or protection of property as outlined in Mississippi Code annotated Section 31-7-13(j) and in the ITS Procurement Manual, Rule 207.6: 013-060 Procurement Types: Emergency Purchases.

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Name and Title (Agency Head/Public Institution President/Designee) Signature Date