



Request for Exception to Master Cellular Agreement

Exception Description: (Ex: Phone for agency director)			
Contact			
Agency/Institution:		Contact Person:	
Mailing Address:		Phone Number:	
		Email Address:	
MAGIC Customer #: (Only required from state agencies.)		Division/Dept:	
Exception Request Summary			
Reason for Requested Exception: (Select only one.)		<input type="checkbox"/> Coverage <input type="checkbox"/> Functionality	
IF COVERAGE			
Detail geographical areas and type usage (voice, data, both) for which coverage is an issue. If within Mississippi, provide county names and portion of county in which coverage is inadequate. Provide the names and/or job titles of affected employees.			
Coverage issues: (Also attach documentation.)		<input type="checkbox"/> User's direct experience <input type="checkbox"/> Vendor coverage maps <input type="checkbox"/> Vendor certification	
IF FUNCTIONALITY			
Detail functional requirements and any solutions currently being used:			
Were AT&T and C Spire Wireless contacted about similar functionality available under the Master Cellular Agreement?			
<input type="checkbox"/> Yes	If yes, detail the functionality that AT&T and C Spire Wireless cannot provide.		
<input type="checkbox"/> No			
Details of Requested Services			
Service Type or Device	Quantity	Monthly or Purchase Fee	Fiscal Year Total
		\$	\$
		\$	\$
		\$	\$
Any exceptions greater than \$75,000 also require WCC approval		TOTAL*	\$
Progress to Date: What has been done related to this project, including any communication with ITS staff?			
Vendors Contacted: List vendors and attach written estimates or other information received from vendors.			
Critical Factor(s): What was considered in the selection of a vendor, brand, or solution for this acquisition?			
Planned Acquisition Method			
Select the manner in which this procurement will be conducted in fulfillment of state law.			
<input type="checkbox"/> 2 quotes, if under \$50,000			
<input type="checkbox"/> Competitive Procurement conducted by ITS (required for state agencies if over \$50,000 and IHLs if over \$250,000)			

By my signature, I acknowledge: (1) this agency/institution certifies that the coverage and/or functionality outlined above is required to fulfill the mission and responsibilities of the agency or institution; (2) this agency/institution will follow all applicable laws for public purchasing in the acquisition, including developing open specifications, advertising according to public law, and ensuring a thorough and equitable evaluation of all responses; (3) this agency/institution will negotiate any and all applicable contracts and contract amendments arising from this procurement, with signature authority for the State being delegated by the ITS Executive Director to the executive of this agency/institution; and (4) any protests resulting from this procurement will be heard by the ITS Executive Director and/or ITS Board, in accordance with the ITS Protest Procedure and Policy.

***NOTE: Any exceptions greater than \$75,000 also require WCC approval.**

Name and Title (Agency Head/Institution President/CIO)

Signature

Date