

## **Competitive Procurement Request**

Project Title										
Contact Inf	ormati	on								
Agency/Institution:						Co	ontact Perso	on:		
Mailing Address:						Ph	Phone Number:			
					Email Address		5:			
MAGIC Customer #: (only required from state agencies)							Division/Dept:			
Project Summary										
Description of (Include details of acquisition if app	of original									
Additional Infe (if any)		n:								
ITS Acquisition Approval (CP-1) should be effective through this date:										
Cost Estimates										
	Initial C	osts	Ongoing Costs		Time Constraints		Other Im	Other Important Deadline(s): (e.g. current		
FY			engenig eeste		Item Needed by:			contract/C	contract/CP-1 expiration dates)	
FY					Funds E	ds Expire:				
FY					Total Estimated				Estimate the Anticipated Lifecycle or Years of Product/System's Effective Use:	
FY FY					(enter below)		JVV)	rears or	Years	e 05e.
Funding Sour	ice.			•					Teals	
Discuss Fund		r fund numb	er: how much							
of needed fundin			ct budget; any							
matching or othe	er non-sta	te funds)	ct budget; any							
matching or othe Acquisition	er non-sta n <b>Detai</b> l	te funds)	ct budget; any							
matching or othe	er non-sta n <b>Detai</b> l	te funds)	ct budget; any Descriptic	on				Building	Location(s)	
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matching or othe Acquisition Item or Part N	er non-sta n Detai lumber	te funds) S Quantity	Descriptic					Building	Location(s)	
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By my signature, I acknowledge that ITS will conduct the procurement of the IT products or services indicated above with my agency's/institution's approval.

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

Signature

Date