

Competitive Procurement Request

Project Tit	le:												
Contact In	formati	on											
Agency/Insti	Co	Contact Person:											
Mailing Addr		Ph	one Nu	mber:									
	Em	Email Address:											
MAGIC Custo	omer #: (d		Div	Division/Dept:									
Project Su				- /				-					
Description of Project: (Include details of original acquisition if applicable)													
Additional Information: (if any)													
	ITS Acquisition Approval (CP-1) should be effective through this date:												
Cost Estimates													
Fiscal Year	Initial C	osts	Ongoing Costs		Time Cons		straints		Other Important Dea			: (e.g. current	
FY					Item Nee		:		contract/Cl	P-1 expirat	ion dates)		
FY					Funds Ex				Fatimata	11 A1	-!		
FY FY					Total Est	(enter below	I Project Cost: pelow)		Estimate the Anticip Years of Product/Sy				
FY							,				Years		
Funding Sou	ırce:	_											
Discuss Funding: (e.g. fund number; how much of needed funding is definite; total project budget; any matching or other non-state funds)													
Acquisitio			Description						Duilding	Legation	\(a\)		
item or Part	Part Number Quantity Description								Building Location(s)				
agency plan t service? What are needed (r colocation, bus or services of	to house of at resource network con iness resili outside o	or host the reces currently nnectivity, clouency, etc.)? No figure of the current ITS	ture: Where do equested equipre available through documenting/store IOTE: For equipments available core to be attached.	r t									
Progress to	-												
project, includ													
Vendors Cor													
estimates or other information received from vendors. Critical Factor(s): What was considered in the selection													
			nis acquisition?										
		. ,	endor must be i	n MAG	IC before a	a CP-1 can							
Place Order		dor Name:				Remit		Vendo	r Name:				
Vendor Code	9:	Vendor Address:			-	Vendor C	ode:	Δ	Vendor Address:				
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/Public Institution President/CIO) Signature Date													
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