|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | **Emergency Purchase Request** | | | | | | | | | | | | | | | | |
| **Project Title:** | |  | | | | | | | | | | | | | | | | | | | |
| **Contact Information** | | | | | | | | | | | | | | | | | | | | | |
| **Agency/Institution:** | |  | | | | | | | | | | | **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** | | | | | | | | | | | | | | | | | | | | | |
| **Indicate MAGIC Contract and/or PO Number:** (if one has been issued or created) | | | | | | | | | | | | | |  | | | | | | | |
| **Total Lifecycle 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)** | | | | |
|  | | |  | | | |  | | | | | | | | | |  | | | | |
|  | | |  | | | |  | | | | | | | | | |  | | | | |
|  | | |  | | | |  | | | | | | | | | |  | | | | |
| **Emergency Purchase** | | | | | | | | | | | | | | | | | | | | | |
| *► If applicable, attach a certified copy of the appropriate minutes of the agency’s board meeting regarding the emergency purchase.* | | | | | | | | | | | | | | | | | | | | | |
| **Does the situation fall under the definition of an emergency set forth in Section 31-7-1 (f) of the Mississippi Code?** | | | | | | | | | | | | | | | | | | | | | **Yes  No** |
| **What happened to cause this emergency?** | | | | | | | | | |  | | | | | | | | | | | |
| **Does this emergency 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 after the fact.** | | | | | | | | | | | | | | | | | | | | | |
| **No - You must complete and submit this paperwork to ITS for approval prior to making purchases.** | | | | | | | | | | | | | | | | | | | | | |
| **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.) | | | | | | | | | |  | | | | | | | | | | | |
| **Vendor’s proposal attached:** | | | | | | | | **Yes  No** | | **Was a contract executed?** | | | | | **Yes** (please attach)  **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:** | | |  | | |
|  |  | | | |

By my signature, I certify that, to the best of my professional knowledge the purchase of the requested products or services is an emergency as outlined in the ITS Procurement Handbook, Rule 207.6: 013-060 Procurement Types: Emergency Purchases, and as outlined in Mississippi Code annotated Section 31-7-13 (j).

3771 Eastwood Drive

Jackson, Mississippi 39211

Phone 601-432-8000 Fax 601-713-6380

www.its.ms.gov

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

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