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|  |  **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)** |
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| **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

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