|  |  |
| --- | --- |
|  |  **Planned Purchase Request** |
| **Project Title:**  |  | **Planned Purchase(s) for FY** |  |
| **IT Plan’s Project Name and Number:** (only required from state agencies) |  |
| **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:**  |  |
| **Cost Estimates** |
| **Fiscal Year** | **Initial Costs** | **Ongoing Costs** | **Time Constraints** | **Other Important Deadline(s):** (e.g. current contract/CP-1 expiration dates) |
| FY |  |  |  | Item Needed by:  |  |
| FY |  |  |  | Funds Expire:  |  |  |
| FY |  |  |  | **Total Estimated Project Cost:** (enter below) | **Estimate the Anticipated Lifecycle or Years of Product/System’s Effective Use:** |
| FY |  |  |  |
| FY |  |  |  |  |  | Years |
| **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** | **EPL Name and Number** | **Building Location(s)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Describe Platform and Infrastructure:** Where does your agency plan to house or host the requested equipment or service? What resources currently available through ITS are needed (network connectivity, cloud computing/storage, colocation, business resiliency, etc.)? ***NOTE: For equipment or services outside of current ITS available contracts and resources, justification must be attached.*** |  |
| **Progress to Date:** (Related to project - including any communication with ITS staff) |  |
| **Vendors Contacted** |
| **For a Planned Procurement, you must:**1. Attach the solicitation requesting the quotes from the vendors.
2. Attach the written quotes received from EPL vendors, accompanied by any substitutions letter(s) if applicable.
3. Attach a printout of the EPL page(s) containing the product(s) to be acquired.
4. Verify that vendor pricing is the same or less than EPL pricing.

**NOTE:** Acquisitions: Up to $1,000,000.00, a minimum of **two (2)** vendor quotes must be attached. Above $1,000,000.00, a minimum of **three (3)** vendor quotes must be attached and ITS Board approval is required. |
| **Selection and Justification** |
| **Indicate the selected vendor(s) from the quotation received:**1. If the quotes requested were brand-specific, please attach documentation on how the manufacturer standard was established.

See ITS Procurement Handbook, *0190-030 Setting a Manufacturer Standard* for requirements.1. If quote chosen was not the low cost, substantial justification for the selection must be attached to this request.
 |
| **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 acknowledge that ITS will conduct the procurement of the IT products or services indicated above with my agency’s/institution’s approval.

3771 Eastwood Drive

Jackson, Mississippi 39211

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

www.its.ms.gov

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

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