

3771 Eastwood Drive Jackson, Mississippi 39211 Phone 601-432-8000 Fax 601-713-6380 www.its.ms.gov

## **Planned Purchase Request**

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Project Title:  IT Plan's Project Name and Number: (only required from state agencies)								Planned Purchase(s) for FY					
				nber: (only req	uired from s	state agencies)							
	ntact In		lion			(	ontact F	Porson:					
Agency/Institution:  Mailing Address:							Phone Number:						
Mailing Address.						-	Email Address:						
MAGIC Customer #: (only required from state agencies)								Division/Dept:					
Project Summary								Dept.					
Desc (Inclu acqui	cription of the details sition if ap	of Project of original plicable) on Appl	ct:	should be e	ffective th	nrough this date:							
	t Estim	nates											
	cal Year Initial Costs		Ongoing (	Costs	Time Co			mportant Deadline(s): (e.g. current					
FY FY				Item Needed I Funds Expire:		y:		contract/CP-1 expiration dates)					
FY					Total Estimate	d Projec	Project Cost: Fst		Estimate the Anticipated Lifecycle or				
FY	Υ					below)		Years of Product/System's Effective Use:					
FY										Years			
Disc of ne any n	Funding Source:  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							EDI. Name and Numbe			Building Location(s)			
Item or Part Number Quantity			Description			EPL	EPL Name and Number			iding Location	(8)		
hous curre comp or se justi	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)												
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For a 1) 4 2) 4 4)	<b>a Planne</b> Attach the Attach the Attach a l Verify tha	d Procu e solicita e written printout at vendor sitions: U	rement, you ation request quotes rece of the EPL p r pricing is the Jp to \$1,000	ing the quote eived from EP age(s) containe same or les ,000.00, a mi	L vendors ning the pross than EP nimum of t	, accompanied by roduct(s) to be acc	quired. otes mus	t be attac	ched.			required.	
Sele	ection a	and Ju	stificatio	n									
1) I 3 2) I	f the quo See ITS F f quote c	tes requ Procurer hosen w	ested were nent Handbo as not the lo	ook, <i>0190-030</i> ow cost, subst	c, please a O Setting a tantial justi	teived: ttach documentati Manufacturer Sta fication for the sel C before a CP-1 o	<i>ndard</i> for ection m	requirer ust be att	nents.			ed.	
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Plac	e Order	To Ve	ndor Name	:		Rer	nit To	Vendo	r Name:				
	dor Code	Code: Vendor Address:			r Code:		Vendor Address:						
	y signatı y's/institu			that ITS w	ill conduct	t the procuremen	nt of the	: IT prod	ducts or s	ervices	indicated above	ve with my	
Name	and Title	(Agency	/ Head/Publi	c Institution P				Date					