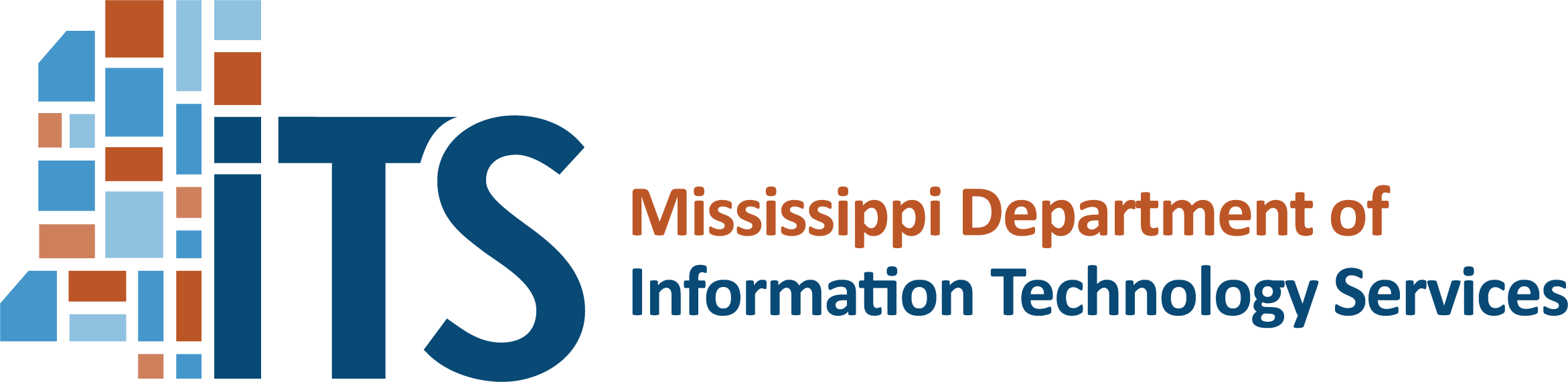
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **Sole Source Certification Request** | | | | | | | | | | | | | | | | | | |
| **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:** | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **Cost Estimates (Maximum allowed duration is 3 years per request/project)** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fiscal Year** | | **Initial Costs** | | | | | | **Ongoing Costs** | | | | | | | **Time Constraints** | | | | | | | **Estimate the Anticipated Lifecycle or Years of Product/System’s Effective Use:** | | | |
| FY |  |  | | | | | |  | | | | | | | Item Needed by: | | | |  | | |
| FY |  |  | | | | | |  | | | | | | | Funds Expire: | | | |  | | |  | | | |
| FY |  |  | | | | | |  | | | | | | | **Other Important Deadline(s):** (e.g. current contract/CP-1 expiration dates) | | | | | | | | | | |
| **Total Estimated Project Cost:** | | | | | | | |  | | | | | | |  | | | | | | | | | | |
| **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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| **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*.** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Sole Source Certification -** | | | | | | | | | | **Certification must be renewed for each revision or continuation of previous Sole Source Approvals.** | | | | | | | | | | | | | | | |
| **Explain why these products or services are the only ones that can meet your needs:** (Include specific functionality or special features that make this product or service unique.) | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Specific business requirements to be met by the products/services:** (e.g. intended use, how it helps accomplish a task, etc.) | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **Explain why this is the only entity that can provide the products/services:** (Include other products/vendors researched or evaluated.) | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **If for services or installations (not a product) the following two questions must be addressed.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Explain below why the amount to be expended is reasonable:** | | | | | | | | | | | | | | | | | **Explain below what was done to obtain the best possible price:** | | | | | | | | |
|  | | | | | | | | | | | | | | | | |  | | | | | | | | |
| **Vendor’s proposal submitted:** | | | | | | | **Yes  No** | | | | | | (select only one) | | | | **Vendor’s Certification of Sole Source attached:** | | | | | | | | **Yes  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 requested product or services are a sole source as outlined in the ITS Procurement Handbook, Rule 207.2:013-030 Procurement Types: Sole Source, and as outlined in Mississippi Code annotated Section 31-7-13.

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