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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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Jackson, Mississippi 39211

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