

TECHNOLOGY PURCHASE REQUEST (TPR)

Please complete the form below and submit it to technologyrequests@mdek12.org.

TECHNOLOGY PURCHASE INFORMATION <i>(To be Completed by Requesting Program Office Personnel)</i>			
Name of Product/Service:		Date:	
Requestor Name/Title:		Requesting Office:	
Email:		Phone:	
Technology Type: <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Maintenance and/or Support			
Request Type: <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Renewal		Number of Years Required:	
Name of potential vendor(s) and the contact information to send the solicitation packet (if applicable):			
Project Description: Provide detailed description and quantity of the product(s) or service(s) required.			
Justification: Provide detailed information to justify the purchase request. Include information about how the product(s) or service(s) will be used.			
FOR SOFTWARE/SUBSCRIPTION PURCHASES ONLY			
For Renewals: What is the TOTAL amount of money that has been disbursed as of today?		For Software: Will the software access student-level data?	
Name of All User(s):			
How many years are anticipated to use the product(s) and/or service(s)?		What is the projected Lifecycle Cost required for <u>ALL</u> years the product(s) and/or services will be utilized?	
FUNDING DETAILS: BUDGET CODES			
I certify that the budget codes provided above have adequate budget authority available for this purchase.			
Budget Year:		Fund:	
Cost Center:		Internal Order:	
Budget Designee Signature: _____ Date: _____			
Grants Management (if required): _____ Date: _____			

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PROGRAM OFFICE APPROVAL

I certify that I have reviewed this technology purchase request and I have determined that these products and/or services are essential.

Bureau Director or Above Signature: _____ **Date:** _____

OFFICE OF TECHNOLOGY AND STRATEGIC SERVICES

(To be Completed by OTSS Authorized Personnel)

I certify that I have reviewed this technology purchase request and I have determined that the product(s) and/or service(s) are appropriate and integrate with MDE's infrastructure. I recommend proceeding with the following procurement method: (please check the applicable method)

- Equipment/Software (Quotes) Custom Solution (Development)
 Professional Services (Consulting) Other _____ EPL (Quotes)
 NASPO (Quotes) ITS Procurement P-Card Program

Customer Service Signature: _____ **Date:** _____

- Approved Disapproved

If disapproved, please provide a reason for disapproval: _____

IT Director (if applicable): _____ **Date:** _____

Chief Information Officer Signature: _____ **Date:** _____

THE OFFICE OF PROCUREMENT

(To be Completed by Procurement Personnel)

I certify that I have reviewed this Technology Procurement Request and I have determined that the request complies with the applicable policies and procedures for the Mississippi State Board of Education (SBE) and/or the Mississippi Information Technology Services (ITS).

Awarded Vendor Name:

Lowest Bid Price

Legal Review Required: Y or N

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Technology Procurement Analyst Signature: _____ Date: _____

Submit required documents for purchase order processing to:

- purchasingrequests@mdek12.org for Equipment
- Shopping Cart in MAGIC for Hardware or Software
- technologyrequests@mdek12.org for Agreements

Attach a signed **Technology Justification Form** to process Vendor Agreements and ITS contracts