

TECHNOLOGY PURCHASE REQUEST (TPR)

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

TECHNOLOGY PURCHASE INFORMATION

(To be Completed by Requesting Program Office)

Name of Product/Service:		Date:	
Requestor Name/Title:		Requesting Office:	
Email:		Phone:	

Technology Type: Hardware Software Maintenance

Request Type: New Replacement Renewal

Number of Years Required: _____

Potential vendors to receive the RFQ/IFB/RFP (if applicable):

Project Description: Provide a brief description and quantity of the product(s) or service(s) needed.

Justification: Provide detailed information to justify the purchase request. Include information about how the product(s) or service(s) will be used and who will be using them.

FOR SOFTWARE PURCHASE ONLY

For renewals, provide amount spent to date.		Will software access student-level data?	
Named User(s):			
Anticipated Lifecycle Cost:		Anticipated Lifecycle Project Years:	

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: _____

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PROGRAM OFFICE APPROVAL

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

Bureau Director Signature: _____ **Date:** _____

Program Chief Signature: _____ **Date:** _____

OFFICE OF TECHNOLOGY AND STRATEGIC SERVICES

(To be Completed by OTSS)

I have reviewed this technology purchase request and have determined that the products and/or services are appropriate and integrate with MDE's infrastructure. I recommend proceeding with the following procurement method.

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

Senior Communications Analyst Signature: _____ **Date:** _____

- Approved Disapproved

If disapproved, provide reason. _____

IT Director, if applicable: _____ **Date:** _____

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

THE OFFICE OF PROCUREMENT

(To be Completed by Procurement)

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

Awarded Vendor Name:

Term:

Final Cost:

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Technology Procurement Analyst Signature: _____ Date: _____

- purchasingrequests@mdek12.org for Equipment Purchase Order-related Processing
- Shopping Cart in MAGIC for Hardware or Software Purchase Order-related Processing
- grantsandcontracts@mdek12.org for Agreements Purchase Order-related Processing

TECHNOLOGY CONTRACTS ONLY

(To be Completed by the Office of Procurement and Compliance)

Contract Analyst Signature: _____ Date: _____

Procurement Director/Designee Signature: _____ Date: _____

Compliance Officer Signature: _____ Date: _____

PROGRAM OFFICE

(To be Completed by Requesting Program Office)

The program office shall submit the packet to the Office of Procurement via one of the following methods.

- Shopping Cart for Contracts in MAGIC for ITS Procured Services Purchase Order-related Processing
- purchasingrequests@mdek12.org for Equipment Purchase Order-related Processing