

## Competitive Procurement Request

<b>Project Title:</b>			<b>Stimulus (ARRA) Funds? Yes <input type="checkbox"/> No <input type="checkbox"/></b>
<b>Customer Contact Information</b>			
Agency/Public University: Madison County, MS Address: PO Box 608 Canton, MS 39046		Contact Person: Kesha Buckner Phone: 601-855-5534 Fax: 601-859-5875 Email Address: kesha.buckner@madison-co.com	
MAGIC Customer Number (only required from state agencies)		Division/Dept:  Handmail: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Project Summary</b>			
Narrative Description of Project			
ITS Acquisition Approval (CP-1) should be effective through this date: (Please allow time for all vendor invoices to be paid)			
<b>Cost Estimates</b>		<b>Time Constraints</b>	
<i>Fiscal Year</i>	<i>Initial Costs</i>	<i>Ongoing Costs</i>	Item Needed by:
2022	\$25,495.00		Funds Expire:
<b>Total</b>			
Discuss Funding (e.g. how much of needed funding is definite; total project budget; any matching or other non state funds; fund number)			
Anticipated Lifecycle of Products/System (i.e. estimate years effective use)			
<b>Acquisition Details</b>			
Items Requested:			
<b>Name</b>	<b>Quantity</b>	<b>Description</b>	<b>Building Location(s)</b>
License Plate Readers	2		Canton, MS
<b>Describe platform &amp; infrastructure</b> (connectivity; software/hardware platforms; utilization of State Data Center resources: mainframe, eGovernment portal, payment engine, document management, hosting). For equipment or hosting outside the State Data Center, attach justification:  The License Plate Readers equipment will operate in monitoring license plates, etc.			
<b>Progress to Date:</b> What has been done related to this project and utilization?			
<b>Vendors Contacted:</b> (Note: attach written estimates or other information received from vendors)  TCS Ware			
<b>Critical Factor(s):</b> (in the selection of a vendor/brand/solution for this acquisition)  The system quoted by TCS Ware is already in place at Madison County			

There is a charge for ITS procurement services associated with this request which will be billed to the requestor by ITS. By my signature I acknowledge that my agency/public university is responsible for these charges/costs.

\_\_\_\_\_  
Name (Agency Head or Public University CIO)/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date