



Mississippi Department of Finance and Administration
Office of Statewide Strategic Sourcing

Procurement Request Form

Agency: _____ **Contact Person:** _____

Agency Address: _____ **Phone Number:** _____

Project Title: _____ **Email:** _____

Date Submitted to DFA OSSS: _____

Have you procured for this service before? Yes No

If yes, list the past or current vendor: _____

Procurement Method: IFB RFA RFP* RFQ*

*Pursuant to section 6.3 of the PPRB OPSCR Rules and Regulations, prior approval is required for these methods of source selection.

Anticipated Contract Amount: \$ _____

Is this procurement being funded in whole or in part with federal funds? Yes No

Is there a deadline by which the federal funds must be obligated or spent? Yes No

If yes, please provide the deadline: _____

Anticipated Contract Duration: _____

Description of Services:

Description of anything done or any progress regarding these services:

The signature below indicates acknowledgement that DFA's Office of Statewide Strategic Sourcing will conduct the procurement of services on behalf of the agency named above.

Name, Title: _____ **Signature:** _____