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| **Instructions: Complete the form, download it, and attach it to the Purchase Requisition entered in eVA for this request.** | |
| Date of Request: | Click or tap to enter a date. | Agency Code: | Click to enter text. |  |
| Institution Name:  Contact Person: Email Address: | Click or tap here to enter text.  Click or tap here to enter text.  Click or tap here to enter text. | Phone: | Click to enter text. |  |

Description of Product/Service:

Is this an IT contract?  Y *Is implementation and/or integration w/ VCCS systems required?  Y  N*

N *SSC procurement to submit this approved form to DPS* Estimated Annual Price: Click or tap here to enter text. Is this a recurring need?  Y  N

Supplier Name: Click or tap here to enter text. eVA Number: Click here to enter text.

Coop Contract Number: Click or tap here to enter text. Issuing Agency: Click here to enter text.

Contract Start: Click or tap to enter a date. End Date: Click or tap to enter a date. Renewals remaining: Click or tap here to enter text. Last possible end date: Click or tap to enter a date.

**JUSTIFICATION:** (Attach continuation if necessary)

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| 1. Specifically, how does the Scope and Pricing of this Cooperative Contract align with your current needs? |

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| 2. Explain why the use of this cooperative contract is the best option for the VCCS, including why the prices offered in the contract are considered fair and reasonable. |

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| 3. Provide the following attachments OR a direct link to the attachments | | |
| Attach: |  | |
| Original solicitation, including all addenda and award documents Click or tap here to enter text. |  |
| Contract, including all modifications and renewals Click or tap here to enter text. |  |
| Documentation of the solicitation ad in VBO, or evidence that Virginia vendor received an award Click or tap here to enter text. |  |
| Verification that no state contract exists to satisfy requirements Click or tap here to enter text. |  |

**AUTHORIZATION:** I have reviewed the Cooperative Contract Usage Request concur that it meets the criteria use for the specified requirements.

Authorized Designee Signature(s)

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|  | Click or tap to enter a date. |

Chief Procurement Officer Date