

TRANSMISSION OK

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DEPARTMENT OF ADMINISTRATION  
GENERAL SERVICES DIVISION

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TRANSMISSION INFORMATION:

DATE: 10/-/3

TRANSMISSION TIME:

TO: Eluid Martinez

FAX NUMBER OF RECIPIENT: 505-827-2484

FROM: Marvin Eicholtz

NUMBER OF PAGES INCLUDING COVER SHEET: 3

COMMENTS OR INSTRUCTIONS:

**-Western States  
Contracting Alliance**

And

**COMPUTER EQUIPMENT, SOFTWARE,  
PERIPHERALS AND RELATED SERVICES**

**INTENT TO PARTICIPATE**

**I. PURPOSE:**

The purpose of this Agreement is to provide the members of the Western States Contracting Alliance (WSCA) and other members of the National Association of State Procurement Officials (NASPO) the opportunity to participate in multi-state cooperative contracts for computer equipment, software, peripherals and services. This solicitation will replace the highly successful national computer equipment contracts sponsored by WSCA and NASPO. The agreement is intended to meet local state requirements for "meaningful" cooperation regarding the potential use of the results of this multistate solicitation. Further, this Agreement shall identify the parties that desire to be named in the competitive solicitation. It is not necessary to provide a proposal evaluator to have your state named in the solicitation. However, all states providing proposal evaluators shall have been named in the solicitation document.

A cooperative procurement of computer equipment, software, peripherals and related services is considered in the best interests of WSCA and the Participating States because:

Please NAME the State of \_\_\_\_\_ MONTANA as a potential participant IN the solicitation document.

The following employee of the State of \_\_\_\_\_ is being offered as a member of the Evaluation Committee:

Name: \_

Title: \_

Address:

[Email:](#)

[Phone:](#)

Fax:

#### VI. PARTIES TO THIS AGREEMENT

The parties to this Agreement have affixed their signatures below in witness and in execution Of this Intent to Participate, this 13<sup>th</sup> day of January, 2004.

Marvin Eicholtz, Administrator GSD

Printed Name and Title

Signature

FAX, MAIL OR EMAIL TO:

Eluid Martinez

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