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| Wisconsin Department of administration  Division of Enterprise operations  DOA-3310 (R 01/2024)  s. Ch. 16.71(1), (1m), Ch. 16.78 Wis. Stats.  Executive Order 288 |  |  |

REQUEST FOR IT OR PRIVATE CONSULTANT PURCHASE OVER $150,000

Instructions: Attach completed form to electronic approval request submitted via email to MatthewJ.Limoges@wisconsin.gov

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| **Section 1: Agency Need and Review of Alternatives** | | | | | |
| Provide a description of the product or service and why it is needed. Specify if the need is required by federal law, statute or contract. If this information is contained in other attached documentation to this request (e.g. CBA), mark “N/A”. | | | | | |
| Spend Estimate (Total Term): | | | Prior Years’ Spend (if applicable): | | |
| What is the impact of not making this purchase? | | | | | |
| Are there other agencies that have similar products or services available for this purchase? | | | | | |
| **Criticality Level**  (Reference PIM 18-003 for criticality definitions) | | **Application/Software/Hardware Name(s)** (all acronyms defined) For VMS Contractor(s), please identify all applications and their criticality level for which they will provide service. | | | |
| Critical Request (Primary) | |  | | | |
| Important Request (Secondary) | |  | | | |
| Value-Add Business Request (Tertiary) | |  | | | |
| Have all the applications listed above been identified to the DOA, Division of Enterprise Technology?  Yes /  No.  If no, explain. | | | | | |
| Are all applications compliant with PIM 17-001, STAR Software Overlap policy? Yes, No or N/A.  If no, explain agency plans for compliance. | | | | | |
| **Section 2: VMS Contractor Considerations**  (N/A if request is not related to VMS IT contractor) | | | | | |
| Select the category of services applicable to this request (check only one category). If the contractor will develop, support, deploy, update or otherwise manage agency application(s), list all applications and their level of criticality above. Reference PIM 18-003 for criticality definitions: | | | | | |
| Application Innovation Development and Deployment (on prem or cloud) | | | Infrastructure Development and Deployment | | |
| Application Support (on prem or cloud) | | | IT Business Relationship Management | | |
| Application Update Development and Deployment (on prem or cloud) | | | IT Demand and Portfolio Management | | |
| Data Center Management/Storage & Compute | | | IT Ops Management | | |
| End User Device Support | | | Network Management | | |
| Enterprise Architecture | | | Risk and Security Management | | |
| Information and Data Management | | | Service Desk/Help Desk | | |
| Information Data Sourcing and Integration | | | Other | | |
| **Section 3: Budget Impact** | | | | | |
| Does the agency have funds to pay for the goods or service being requested?  Yes or No.  If no, explain.  If yes, which appropriation will the funding come from? | | | | | |
| Does the request align with the policies pursued by the Governor?  Yes or No.  If no, explain why. | | | | | |
| Does the agency plan to use the Master Lease program to finance this purchase?  Yes or No.  If no, does the agency plan to use vendor financing or base funds? | | | | | |
| **Section 4: Alignment with Enterprise IT Strategy and Standards**  (N/A if request is for a non-IT private consultant) | | | | | |
| Is the product or service being requested in line with strategies and standards in place by DET? Yes or No.  If no, why? | | | | | |
| Can DET or STAR produce the good or service being requested?  Yes or No.  If yes, explain how this would be a cost savings to the agency while providing the level of service they are expecting. | | | | | |
| Is this purchase connected to a DET project? Yes or No. If yes, provide the project name or number. | | | | | |
| Is the product or service being requested identified in the agency’s annual IT plan submitted to DET?  Yes or No. If no, explain how this request addresses agency’s strategic IT initiatives or needs not otherwise in the plan. | | | | | |
| **Section 5: Justification for Emergency Processing** | | | | | |
| Is this an emergency request needing expedited approval? Yes or no. If yes, explain why. | | | | | |
| **Section 6: Requesting Agency Signatures** | | | | | |
| Authorized Agency Approver | Phone Number | | | Signature | Date |
| Agency CIO or IT Director (as applicable) |  | | |  |  |
| Purchasing Director or Division Administrator Name |  | | |  |  |
| Agency Head or Designee (if applicable) Name |  | | |  |  |