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| wisconsin department of administration  Division of Enterprise operations  DOA-3720 (R 06/2022)  s. Ch. 16.71, 16.72(4), 16.75(1)(C), WIS STATS |  |  |

Procurement Plan

**Instructions:**

For delegated agencies, Procurement Plans are submitted directly into Procurement Request Portal at <https://rpa.wi.gov>. Use of this form is not required.

For CAPS agencies, complete this form and submit to your designated CAPS liaison. The CAPS liaison will submit the Procurement Plan into the Procurement Request Portal.

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| **Section 1: Procurement Type and General Information** | | | | | | | | | |
| Agency: | | | | | | | | Date Submitted: | |
| Request for Proposal (RFP) (PRO-306) | | | | | Cooperative Purchasing over the official bidding threshold (PRO-502) | | | | |
| Request for Bid (RFB) for services, or for commodities with a service component valued over official bidding threshold (PRO-304) | | | | | | | | | |
| Collective purchase where the **direct supplier** is another state or a Wisconsin municipality, valued over official bidding threshold (PRO-502) | | | | | | | | | |
| Agency Contact Name: | | | Phone Number: | | | | | | E-Mail Address: |
| Tracking number (where applicable; assigned by agency): | | | | | | |  | | |
| Title of Procurement: |  | | | | | | | | |
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| **Section 2: Description and Rationale** | | | | | | | | | |
| Description of commodity/service: Provide a clear and concise summary what you are buying and who will use the resulting contract, written in language understandable to readers with no knowledge of the commodity/ service. | | | | | | | | | |
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| NIGP Commodity Code(s): | | | | | | | | | |
| Rationale for use of the RFP process: | | | | | | | | | |
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| Proposed Initial Contract Term | | | |  | | Number of Renewals: | | | |
| Estimated Annual Dollar Amount: | |  | | | | Estimated Total Dollar Amount (with all renewals): | | | |
| Does your agency intend to include a provision for a contingent extension period, beyond the renewal periods? If “yes”, you must include a provision in the solicitation for contract extension. See PRO-418, Extended Period Contracts, for conditions for use of extensions. Yes  No  Term for Possible Extension: | | | | | | | | | |
| Does your agency intend to make the resulting contract available for piggybacking by other agencies? If “yes”, you must include a provision for agency piggybacking in the solicitation; see PRO-502. Yes  No | | | | | | | | | |
| Will the purchase result in a contract that is considered IT/telecom and valued over the High-Risk IT Procurement threshold? If “yes”, complete Section 3 below; see PRO-508. Yes  No | | | | | | | | | |
| Is the purchase of software included in this request? If “yes”, complete Section 4 below. N/A | | | | | | | | | |

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| **Section 3: Large, High-Risk IT Contract (Agencies Only; N/A for UW Campuses)** | | |
| As required by §16.973(10) and (13), Wis. Stats, contracts involving a large, high-risk IT project must include certain contractual terms and controls. Further, state agencies must ensure that software or cloud-based terms and conditions are reviewed and, if necessary, negotiated, with the same level of diligence employed with other state contract terms and conditions. Please complete Section 3 for contracts involving a large, high-risk IT project and include a technical contact that can be reached for questions related to your agency’s request. | | |
| Agency Technical Contact Name: | Phone Number: | E-Mail Address: |
| My agency has reviewed PRO-508, Information Technology (IT) and Telecommunications Procurements and PIM 22-001 Large, High-Risk Contract Review and Approval Process and will adhere to all required policy and procedure contained therein. | | |
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| **Section 4: Software Purchase Impact on STAR System (STAR Agencies Only; N/A for UW Campuses)** | | |
| State agency software purchases must be compliant with the STAR Software Purchasing Policy (see PIM 17-001 and additional reference material attached therein). Please complete Section 4 for software purchases and include a technical contact that can be reached for questions related to your agency’s request. | | |
| Agency Technical Contact Name: | Phone Number: | E-Mail Address: |
| My agency has reviewed the in-scope modules of the STAR System and we **do not** consider the requested software to overlap or conflict with system functionality. | | |
| My agency has reviewed the in-scope modules of the STAR System and the requested software does appear to overlap or conflict, in whole or in part, with system functionality. We hereby request that approval be granted to make the purchase. Provide a rationale for approval of the request where there appears to be a conflict or overlap with the STAR System: | | |

This document can be made available in alternate formats to individuals with disabilities upon request.