|  |  |  |
| --- | --- | --- |
| STATE OF WISCONSIN  DEPARTMENT OF ADMINISTRATION  DOA-3730 (R06/2023)  S. 16.973 (13) WIS STATS |  | STATE BUREAU OF PROCUREMENT  101 E. WILSON STREET, 6TH FLOOR  P. O. BOX 7867  MADISON, WI 53707-7867 |

**Large, High-Risk IT Project Contract Review Request**

Instructions: Attach the completed, signed form to the online Procurement Request Portal at <https://rpa.wi.gov>. Please refer to [PIM 22-001](https://doa.wi.gov/ProcurementManual/Documents/PIM22001.pdf) for additional information regarding the High-Risk process.

|  |  |
| --- | --- |
| **Section 1: General Information** | |
| Agency: | Date: |
| Request Type:  New Contract  Change Order or Amendment | High-Risk Tracking Number: |
| **Procurement Contact** | **Technical Contact** |
| Name: | Name: |
| Email: | Email: |
| Phone: | Phone: |
| Vendor Name: | |

|  |
| --- |
| **Section 2: Large, High-Risk Project Information** |
| Project Title: |
| Was this project submitted to DET as a large, high-risk IT project?  Yes  No  If Yes, during which period? |

|  |  |
| --- | --- |
| **Section 3: Large, High-Risk Project Category** | |
| Check the box to indicate the appropriate large, high-risk project category. Select as many categories as applicable. | |
|  | An IT project with a projected cost over $1 million. (This includes any Purchase Orders that exceed $1,000,000 even if the project itself would otherwise not be High-Risk) |
|  | An IT project where the agency failed to successfully complete a prior IT project with substantially similar business outcomes (excluding maintenance activities). |
|  | An IT project that is necessary to meet one or more critical cybersecurity requirements. *“Critical cybersecurity requirement” is defined as any action categorized as “critical,” “high-priority,” or any category with a similar meaning which is required by a federal, State, or private-sector entity to comply with statutory, regulatory, or other widely-accepted cybersecurity requirements.* |
|  | An IT project with an estimated cost over $250,000 that is estimated to require more than 12 months (not including periods when the project is on hold) from the start of the project work to the completion of the project work. |
|  | An IT project with an estimated cost over $250,000 that also involves architecture that has not been previously implemented. |
|  | An IT project with an estimated cost over $250,000 and the baseline timeline or estimated cost for the IT project increased by more than 25% from the baselines established at the start of IT project work. |
|  | An IT project with an estimated cost over $250,000 that includes the outsourcing of any critical agency business function currently performed by the agency to an external vendor. *“Critical agency business function” is defined as any business function performed by a tier 1 system, as defined in the agency’s IT disaster recovery plan.* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section 4: Contract Information** | | | | |
| Contract Number and Title: | | | | |
| Contract Description: | | | | |
| Explain how this contract supports or services the objectives of a large, high-risk IT project: | | | | |
| Total Contract Spend (including renewals): | | | | |
| Location: | | Cloud-based |  | On premise |
| Purchase Order will be used in lieu of Contract:  Yes, the Purchase Order will be used in lieu of Contract and will include the stipulation from Wis. State Statute 16.973(13) in notes of the Purchase Order.  No, there is a signed Contract or other document that includes the stipulation from Wis. State Statute 16.973(13) | | | | |
| Is this request for the use of IT VMS Contractors to support a High-Risk IT Project?  Yes  Projected Classification and Rate (or attach the “Template for High-Risk VMS Requests” for multiple Contractors: | | | | |
|  |  | | | |

|  |
| --- |
| **Section 5: Change Orders and Amendments ONLY** |
| Description of the Change Order or Amendment, including why the change in needed: |
| Impact on Project Timeline: |
| Impact on Project Cost: (List the cost of the amendment only) |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 6: Requesting Agency Signatures** | | | |
| Authorized Agency Approver | Phone Number | Signature | Date |
| Agency CIO or IT Director |  |  |  |
| Purchasing Director or Division Administrator |  |  |  |
| Agency Head or Designee |  |  |  |