Instructions: Send the completed form via e-mail to: **doadlprocplan@wisconsin.gov**

Section 1: Agency Requesting Piggyback

Agency Requesting Piggyback:		Agency Business Unit Number:
Agency Contact Name:	Phone Number:	E-Mail Address:

☒ My agency has notified the Originating/Contracting Agency identified in Section 2 below that we intend to use their contract and they have agreed.

Section 2: Originating/Contracting Agency

Originating/Contracting Agency: UW Madison Purchasing Services		Agency Business Unit Number: 28500
Originating/Contracting Agency Contact Name: **Sarah Martin**	Phone Number:	E-Mail Address: sarah.martin@wisc.edu

Section 3: Contract Information

Contract Number	Supplier Name	Supplier ID Number
22-5482	**Reynolds Transfer and Storage**	

Commodity/Service Codes: **96256**	Estimated Annual Spend: $

Is the purchase of software included in this request? If "yes", complete Section 5 below.   Yes ☐   No ☐   N/A ☐

Section 4: Eligibility Check

☒ My agency has validated the following, in compliance with the requirements of the State Procurement Manual, PRO-D-29.

☒ Contract is Open	Contract Effective Dates: **07/01/21 – 06/31/22**	Renewal Options: **4 years**
☒ Competitively Bid	Request for Bid/Proposal Number: **22-5482**	

☐ Supplier(s) is/are not on the Certification for Collection of Sales and Use Tax Ineligible Vendor Directory

☐ Supplier(s) is/are not on the Contract Compliance Ineligible Vendor Directory

Impact, if any, on any minority business enterprise, disabled veteran-owned business or work center:

☐ Contract scope matches my agency's need.

Description of the scope of the original procurement and how it corresponds to the commodity/service to be purchased:

State Bureau of Procurement Use Only			
Request Approved: ☐ Yes ☐ No	Date:	Approved By (Initial):	If UW, STAR Contract Number Assigned:

Section 5: Software Purchase Impact on STAR System

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 5 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: