



### STAR Piggybacking Request

**Instructions:** Send the completed form via e-mail to: [loadlprocplan@wisconsin.gov](mailto:loadlprocplan@wisconsin.gov)

<b>Section 1: Agency Requesting Piggyback</b>		
Agency Requesting Piggyback:		Agency Business Unit Number:
Agency Contact Name:	Phone Number:	E-Mail Address:
<input checked="" type="checkbox"/> My agency has notified the Originating/Contracting Agency identified in Section 2 below that we intend to use their contract and they have agreed.		

<b>Section 2: Originating/Contracting Agency</b>		
Originating/Contracting Agency: UW Madison Purchasing Services		Agency Business Unit Number: 28500
Originating/Contracting Agency Contact Name: <b>Marty Rostermundt</b>	Phone Number: <b>608/890-3428</b>	E-Mail Address: <a href="mailto:marty.rostermundt@wisc.edu">marty.rostermundt@wisc.edu</a>

<b>Section 3: Contract Information</b>		
Contract Number	Supplier Name	Supplier ID Number
<b>20-5638</b>	<b>Technogym USA Corp.</b>	
Commodity/Service Codes: <b>805-57</b>	Estimated Annual Spend: \$	
Is the purchase of software included in this request? If "yes", complete Section 5 below. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		

<b>Section 4: Eligibility Check</b>		
<input checked="" type="checkbox"/> My agency has validated the following, in compliance with the requirements of the State Procurement Manual, PRO-D-29.		
<input checked="" type="checkbox"/> Contract is Open	Contract Effective Dates: <b>11/01/2019 – 10/31/2020</b>	Renewal Options: <b>4 years</b>
<input checked="" type="checkbox"/> Competitively Bid	Request for Bid/Proposal Number: <b>20-5638</b>	
<input type="checkbox"/> Supplier(s) is/are not on the Certification for Collection of Sales and Use Tax Ineligible Vendor Directory		
<input type="checkbox"/> 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:		
<input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Approved By (Initial):	If UW, STAR Contract Number Assigned:
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**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:
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☐ 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: