

**Contract Use Request Form**

**Instructions:**

Entities requesting OGS review of piggyback should complete and submit the following to the Customer Services Team:

* **By email:** [customer.services@ogs.ny.gov](mailto:customer.services@ogs.ny.gov).
* **By mail:** NYS Office of General Services, Procurement Services | Corning Tower, 38th Floor | Albany, NY 12242

**Note: Individual agency contracts are subject to the review & approval of OSC & other agency specific review as applicable.**

1. **Please provide contact information.**

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| **For Your Agency/Organization:** | | | | |
| Name: | |  | | |
| Address: | |  | | |
| Phone: | |  | | |
| Email: | |  | | |
| Fax: | |  | | |
| **For the Original Contracting Entity** | | | **For the Contractor** | |
| Entity: |  | | Contractor: |  |
| Name: |  | | Name: |  |
| Address: |  | | Address: |  |
| Phone: |  | | Phone: |  |
| Email: |  | | Email: |  |
| Fax: |  | | Fax: |  |

Have you given notice to the original contracting entity and their vendor, and received their approval? YesNo

Have you included a copy of the Contract and Pricing with this Application? YesNo

1. **Please provide details of the procurement.**

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| **Describe the product or service on the original contract.** |  |
| **Describe the product or service which you intend to acquire.** |  |

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| --- | --- | --- | --- |
| **Original Contract ID/Reference #:** |  |  | **This piggyback will take the form of an:**  Amendment to the original contract  Independent contractual agreement |
| **Original Contract Award Date:** |  |  |
| **Contract Term:** |  |  |
| **Your Acquisition Timeframe:** |  |  |

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| --- | --- |
| **Does the original contract contain language for contract extensions to additional users?** | YesNo |
| **Does the original contract provide for aggregate discounts?** | YesNo |
| **If yes, have these discounts been applied to the intended piggyback volume?** | YesNo |

**For the product or service you wish to acquire, provide the following information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Major/Primary Product(s), or Type(s) of Service or Job Title(s) to be Acquired:** | **Estimated Quantity Required** | **Unit Price Per**  **Original Contract** | **Anticipated Total Item Price for Piggyback** |
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| **Estimated Total Value of Piggyback**  **(including secondary contract items):**  ***Note: Contract pricing sheets should be attached*** | |  |  |

1. **Provide information on the procurement method.**

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| --- | --- |
| **What was the original method of award for this contract?** | **What procurement alternative(s) could be used for your acquisition?** |
| Competitive  Mini-bid  Non-Competitive Based On:  Preferred Source  Under Discretionary Threshold  Sole Single Source  Emergency  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Competitive  Mini-bid  Non-Competitive Based On:  Preferred Source  Under Discretionary Threshold  Sole Single Source  Emergency  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please describe why piggybacking is the appropriate mechanism for this procurement (i.e. timing, level playing field, nature of use). Were other procurement methods considered? Are there any special, unusual, or exigent market circumstances underlying this extension request? Make sure to answer all questions and attached additional documents if you need more space.

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1. **Please provide price justification information.**

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| Have market conditions changed since the original award (i.e. availability of supply, price fluctuations)? | YesNo | If yes, please describe: |
| Is there a mechanism in the contract for an adjustment to the original contract terms to reflect current pricing or market conditions? | YesNo | If yes, please describe: |

How have you determined the reasonableness of price for the piggyback volume? Is there additional discount being provided in consideration of your use of this agreement? Please describe:

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1. **Agency Representation:**

In providing the above information to the Office of General Services for piggybacking approval under State Finance Law, § 163 (10) (e), the entity making this submission represents that it has done a thorough review of the original procurement documents, and that the information forwarded in this *“Contract Use Request*” provides a complete and accurate summary of both the original contract and intended agency piggyback procurements.

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| --- | --- | --- | --- |
| Date: |  | Name & Title (Printed): |  |

|  |  |
| --- | --- |
| Authorized Signature: |  |

**For OGS Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Name & Title (Printed): |  |

|  |  |
| --- | --- |
| Authorized Signature: |  |

**Approved**  **Approved with Comment (see attached)**  **Disapproved**