

COOPERATIVE PURCHASING FORM

MPTC solicitation identification commodity/service:			
MPTC solicitation identification number:			
Wisconsin statutes establish authority to allow Wisconsin municipalities to participate in cooperative purchasing when the Contractors agree to extend their terms to them. Participating in the service gives contractors opportunities for additional sales without additional bidding. Please be aware that your participation is voluntary. Municipalities use the service to expedite purchases. A "municipality" is defined as any county, city, village, town, school district, board of school directors, sewer district, drainage district, vocational, technical and adult education district, or any other public body having the authority to award public contracts (s. 16.70(8), Wis. Stats.).			
Interested municipalities will contact the Contractor directly to place orders and are responsible for receipt, acceptance and inspection of goods directly from the Contractor, and making payment directly to the Contractor. Moraine Park Technical College, in serving as the lead agency initiating this cooperative purchasing program on behalf of other Municipalities, is not party to any disputes arising from purchases made by other municipalities, and is not liable for delivery or payment purchases made by other municipalities. A vendor's election to extend prices to a cooperative purchasing agreement may be used as a factor in the award decision of this project.			
I Agree to make the products or services of this Proposal /proposal, as priced, for the period from to			
available to Wisconsin Municipalities (check all that apply):			
Wisconsin Technical Colleges			
University of Wisconsin System			
☐ Wisconsin K − 12 Schools			
Wisconsin Municipalities (Non-Educational) – please specify			
☐ Within a certain region/section of the state − please specify			
Any other conditions noted below:			
I Do Not Agree to make the products/services of this Proposal /proposal available to Wisconsin Municipalities.			
Signature		Date (mm/dd/yyyy)	
Name (Type or Print)		Title	
		Email:	
Company		Tel: ()	
		Fax: ()
Address (Street)	City	State	ZIP + 4
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