CO-LOCATION SERVICES ORDER FORM CUAGNICT2015

ORDER TITLE:

Insert Order Title Here

ORDER NUMBER:

Insert the Order Number Here

ISSUED BY:

Agency Name

*Text Legend* *Delete this legend before finalising the document*

*Red text is for instruction only and must be deleted before sending to the contractors*

*Blue text should be edited or deleted as required.*  *Change Blue text to Black if keeping*

*Black text should generally be considered as fixed text*

      Text boxes indicate free text fields

*Yellow highlighted should be replaced with customer requirements or deleted.*

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| CUAGNICT2015 – ORDER FORMCO-LOCATION SERVICES | | | | | | | | | | | | | |
| PART A | | | | | | | | | | | | | |
| This Order Form Quotation incorporates the Enrolment Agreement, Customer Relationship Terms, Service Category Terms, the Service Catalogue and this Order Form. The Order includes Part A – Order Information, Part B – Contractor Response, Part C – Pricing Schedule and Part D – Order Acceptance | | | | | | | | | | | | | |
| ORDER INFORMATION | | | | | | | | | | | | | |
| Order Title | | | | | | |  | | | | | | |
| Order Number | | | | | | |  | | | | | | |
| Cost Code / PO Number | | | | | | |  | | | | | | |
| Date of Issue | | | | | | |  | | | | | | |
| Order Form Type | | | | | | | Quote | | | | | | |
| Contractor Response Date *Within 15 days of issue date or as specified, if order form as a quotation* | | | | | | | Click here to enter a date. | | | | | | |
| Submission of Order Form Quote Details  Contact Person for Order Form  *<$250K Agency Representative*  *>$250K Department of Finance Representative* | | | | | | | Submission through email:  Contact Person:  Job Title:  Email Address:  Alternate Email:  Phone Number: | | | | | | |
| AGENCY INFORMATION | | | | | | | | | | | | | |
| Customer Agency | | | | | | |  | | | | | | |
| Customers Authorised Representative | | | | | | | Name:  Title:  Telephone:  E-mail: | | | | | | |
| Contract Manager *All orders must have a nominated customer relationship manager* | | | | | | | Name:  Title:  Telephone:  E-mail: | | | | | | |
| **Customer Contact for Implementation**  *Agency project manager) delete this section if this is the contract manager* | | | | | | | Name:  Title:  Telephone:  E-mail: | | | | | | |
| CONTRACT INFORMATION | | | | | | | | | | | | | |
| Order Commencement Date *Add commencement date if known otherwise it must be added before signoff* | | | | | | |  | | | | | | |
| Order Expiry Date *Add expiry date if known otherwise it must be added before signoff* | | | | | | |  | | | | | | |
| Order Term | | | | | | |  | | | | | | |
| Reporting Requirements *The following reporting requirements are included as standard*  *See Contractor Relationship Terms Clause 26 - Reporting for more details* | | | | | | | **Reporting**  Standard reporting includes the following:   * Dashboard Reporting; * Monthly Report; * Transition Services Report; * Performance and Consumption Report; and * Financial Report. | | | | | | |
| CURRENT STATE | | | | | | | | | | | | | |
| Description | | | Quantity | | | | | Notes | | | | | |
| Agency Customers | | |  | | | | | e.g. select groups of the public, employees of the Agency in question, other Public Servants generally etc | | | | | |
| Services Provided to Customers | | |  | | | | | e.g. HR functions, publically accessed portals, publically accessed call centres, privately accessed call centres etc | | | | | |
| Agency FTE | | |  | | | | | FTE= X, 50% of whom who are office-based, 50% are mobile  Shift= X, 50% of whom who are office-based, 50% are mobile  We anticipate these staff figures will remain stable over the next 3 years | | | | | |
| Hours Of Operation | | |  | | | | | e.g. 8am -8pm, Mon-Fri | | | | | |
| Cross Agency Dependencies | | |  | | | | |  | | | | | |
| External Dependencies | | |  | | | | |  | | | | | |
| Internal Resourcing | | |  | | | | | e.g. we will assign a full-time Project Manager and Business Analyst during transition, as part of the bigger building move, list infrastructure team that wil support transition, testing etc | | | | | |
| SLA’s | | |  | | | | | List and attach any current SLA | | | | | |
| Number of Sites | | |  | | | | | Outline how many sites you have and stipulate the specific sites to be included in this order. Outline if sites are single or multi tenanted | | | | | |
| Internal ICT Capacity | | |  | | | | | Our ICT team has x members who support approximately X business applications and x devices. We expect to provide testing of services implemented by GovNext Contractors | | | | | |
| CURRENT STATE DESCRIPTION | | | | | | | | | | | | | |
| *Outline the current agency environment*  *If specification documents are attached please reference them here* | | | | | | | | | | | | | |
| DESIRED FUTURE STATE | | | | | | | | | | | | | |
| *Information may be used from the interactive workshops or the information developed in the customer rationalisation exercise undertaken in consultation with GSB*  *Outline the business needs of the Agency*  *If specification documents are attached please reference them here* | | | | | | | | | | | | | |
| Transition Plan *The Transition Plan will include the specific details on the specified personnel* *The transition plan includes transition and project management services (see Clause 16.2 of the Customer Relationship Terms for more details)* | | | | Required  Not Applicable  [Provide any specific details or requirements for transition and project management services, in addition to the standard services outlined in the Customer Relationship Terms] | | | | | | | | | |
| Acceptance Testing Plan *If acceptance testing is required then an acceptance certificate(s) is/are required as per clause 16.8 of the CRT)* | | | | Required  Not Applicable  [Outline the details of the acceptance testing requirements here. If acceptance testing is required at multiple stages during the project then multiple acceptance certificates may be required] | | | | | | | | | |
| Training and Support *Refer to the Customer Relationship Terms Clause 24.2 for details on the training provided under the agreed terms* | | | | Required  Not Applicable  [Outline any specific training and support requirements here] | | | | | | | | | |
| Disengagement Plan  *Refer to the Customer Relationship Terms Clause 46.2 for the requirements of the disengagement plan* | | | | Required  Update Existing Plan  [Outline any specific requirements to be included in the disengagement plan] | | | | | | | | | |
| Interactive Workshops | | | | Requirements Workshop  Design Workshop  Clarification/Negotiation Workshop | | | | | | | | | |
| ORDER FORM REQUIREMENTS | | | | | | | | | | | | | |
| CO-LOCATION SERVICES *See the Service Catalogues, Section 8 for details of services available* | | | | | | | | | | | | | |
| **Nominated GovNext Data Centre** | | | | | |  | | | | | | | |
| **The quantity of racks** | | | | | |  | | | | | | | |
| **The height of each rack** *(measured in rack units)* | | | | | |  | | | | | | | |
| **The maximum power rating of each rack**  *(measured in kilowatts including anticipated future growth requirements)* | | | | | |  | | | | | | | |
| **Any location requirements** | | | | | |  | | | | | | | |
| **STANDARD OPTIONS** | | | | | | | | | | | | | |
| **High power capacity racks**  *Provide any relevant information regarding the higher power capacity required* | | | | | | Required  Not Applicable  [If applicable please state requirements] | | | | | | | |
| **Secure racks** | | | | | | Required  Not Applicable  [If applicable please state requirements] | | | | | | | |
| **Secure zones** | | | | | | Required  Not Applicable  [If applicable please state requirements] | | | | | | | |
| **Network connectivity** | | | | | | Required  Not Applicable  [If applicable please state requirements] | | | | | | | |
| **ADDITIONAL OPTIONS** | | | | | | | | | | | | | |
| *Additional services should be outlined here*  *Refer to the Service Catalogues for the additional services offered by the Prime Contractors*  *Consultation may be required with the Contractor(s) to determine the additional services available*  *Add rows as necessary* | | | | | |  | | | | | | | |
| **Extended Support**  *Support outside standard support hours*  *Extended support may incur additional costs* | | | | | | Required  Not Applicable  [If applicable please state requirements] | | | | | | | |
| **Non Standard Service Levels** *Service levels higher than standard, must be set out below under revised service levels*  *Non-standard service levels may incur additional costs* | | | | | | Required  Not Applicable | | | | | | | |
| Revised Service Levels  [If applicable please state revised service level requirements here] | | | | | | | | | | | | | |
| **Additional Information** *Outline any additional information here* | | | | | | [If applicable please state requirements] | | | | | | | |
| PART B - CONTRACTOR RESPONSE | | | | | | | | | | | | | |
| Order Form Title | | | | |  | | | | | | | | |
| Order Form Number | | | | |  | | | | | | | | |
| Contractor | | | | | Choose Contractor | | | | | | | | |
| Contractor ACN | | | | | Choose ACN | | | | | | | | |
| Contractor Relationship Manager | | | | | Name:  Title:  Telephone:  E-mail: | | | | | | | | |
| Additional Documents | | | | | Attachment 1 – Transition Plan  Attachment 2 – Acceptance Testing Plan  Attachment 3 – Disengagement Plan [List any additional documents that are part of the order form quote] | | | | | | | | |
| Contractor Quote | | | | | | | | | | | | | |
| PART C - PRICING | | | | | | | | | | | | | |
| **DESCRIPTION** | | **QTY** | | | | **UNIT COST** | | | **SUB COST / MONTH** | **SETUP COSTS** | **MONTH TOTAL** | | **ANNUAL TOTAL** |
|  | | | | **ALL COSTS ARE EX GST** | | | | | | | |
| **PRIMARY DATACENTRE** | | | | | | | | | | | | | |
| Standard Capacity Rack (2kW) | |  | | | | $ | | | $ | $ | $ | | $ |
| High Power Rack cost/KW | |  | | | | $ | | | $ | $ | $ | | $ |
| Secure Rack | |  | | | | $ | | | $ | $ | $ | | $ |
| **SECONDARY DATACENTRE** | | | | | | | | | | | | | |
| Standard Capacity Rack (2kW) | |  | | | | $ | | | $ | $ | $ | | $ |
| High Power Rack cost/KW | |  | | | | $ | | | $ | $ | $ | | $ |
| Secure Rack | |  | | | | $ | | | $ | $ | $ | | $ |
| **TOTAL (EX GST** | | | | | | | | | | | **$** | | **$** |
| TRANSITION COSTS | | | | | | | | | | | | | | |
| DESCRIPTION | | | | | | | | | | | | **COST** (Ex GST) | | |
|  | | | | | | | | | | | | $ | | |
|  | | | | | | | | | | | | $ | | |
| TOTAL TRANSITION COST (EX GST) | | | | | | | | | | | | $ | | |
| PART D - ACCEPTANCE OF ORDER FORM QUOTE | | | | | | | | | | | | | |
| CUSTOMER *Please only sign below if you wish to incorporate (accept) the quote* | | | | | | | | | | | | | |
| Accountable Authority:  Position/Title:  Signature:  Date: | / / | | | | | | | | | | | | |
| **CONTRACTOR** | | | | | | | | | | | | | |
| Contractor:  Contractor Delegate:  Position:  Contractor ACN:  Signature:  Date: | / / | | | | | | | | | | | | |