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 DetailsContact 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.
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| 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 mobileShift= X, 50% of whom who are office-based, 50% are mobileWe 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 PlanAttachment 2 – Acceptance Testing PlanAttachment 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: |       / /  |