IP TELEPHONY 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CUAGNICT2015 – ORDER FORMIP TELEPHONY 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. Can be longer than 15 days for large or complex quote* | | | 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 | | | 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 | | |  | |
| Contract Management Requirements *The following reporting requirements are included as standard*  *See Contractor Relationship Terms Clause 26 - Reporting for more details*  *Additional reporting requirements may incur additional costs* | | | **Reporting**  Standard reporting includes the following:   * Dashboard Reporting; * Monthly Report; * Transition Services Report; * Performance and Consumption Report; and * Financial Report.   Additional Reporting  [Outline additional reporting requirements here]  *For additional reporting services, see the Contractor's Service Catalogue* | |
| 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 | | | | |
| *Outline the business needs of the Agency*  *Information should be used from the interactive workshops or the information developed in the customer rationalisation exercise undertaken in consultation with GSB*  *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 tesing 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 | | | | |
| IP TELEPHONY | | | | |
| **IP Telephony**  *If IP Telephony is not applicable tick appropriate box and leave this section blank*  *Refer to the Service Catalogue for service description and additional options* | | Required  Not Applicable | | |
| **Number of Users** | |  | | |
| **Number of Handsets not Allocated to a User** | |  | | |
| **System Being Ordered** | |  | | |
| **Service Description Features Required for each User**  *Attach a separate spreadsheet if necessary* | |  | | |
| **A description of any existing handsets** *If applicable* *Attach a separate spreadsheet if necessary* | |  | | |
| **Location requirements** | |  | | |
| **STANDARD OPTIONS** | | | | |
| **Voicemail** | | Required  Not Applicable  [If applicable please state requirements] | | |
| **Voicemail to email** | | Required  Not Applicable  [If applicable please state requirements] | | |
| **Interactive Voice Response (IVR)** | | Required  Not Applicable  [If applicable please state requirements] | | |
| **ADDITIONAL OPTIONS** | | | | |
| **Reception Console** | | Required  Not Applicable  [If applicable please state requirements] | | |
| **Handset Rental** | | Required  Not Applicable  [If applicable please state requirements] | | |
| **Fax to email** | | Required  Not Applicable  [If applicable please state requirements] | | |
| **Call Recording** | | Required  Not Applicable  [If applicable please state requirements] | | |
| **Malicious Call Trace** | | Required  Not Applicable  [If applicable please state requirements] | | |
| **Call Encryption** | | Required  Not Applicable  [If applicable please state requirements] | | |
| **Telephone Number Rental** | | Required  Not Applicable  [If applicable please state requirements] | | |
| *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 support 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 required from the Contractor to evaluate the quotation* | |  | | |
| IP TELEPHONY WITH UNIFIED COMMUNICATIONS | | | | |
| Unified Communications *If not applicable box is selected please leave the following section blank* | | Required  Not Applicable | | |
| Number of Users | |  | | |
| Number of Handsets not Allocated to a User | |  | | |
| The Features Required for each User | |  | | |
| Description of any Existing Handsets | |  | | |
| Location Requirements | |  | | |
| STANDARD OPTIONS | | | | |
| Voicemail | | Required  Not Applicable | | |
| Voicemail to email | | Required  Not Applicable | | |
| Interactive Voice Response (IVR) | | Required  Not Applicable | | |
| ADDITIONAL OPTIONS | | | | |
| Reception Console | | Required  Not Applicable  [If applicable please state requirements] | | |
| Handset Rental | | Required  Not Applicable  [If applicable please state requirements] | | |
| Fax to email | | Required  Not Applicable  [If applicable please state requirements] | | |
| Soft Phone | | Required  Not Applicable  [If applicable please state requirements] | | |
| Call Recording | | Required  Not Applicable  [If applicable please state requirements] | | |
| Malicious call Trace | | Required  Not Applicable  [If applicable please state requirements] | | |
| Call Encryption | | Required  Not Applicable  [If applicable please state requirements] | | |
| Telephone Number Rental | | Required  Not Applicable  [If applicable please state requirements] | | |
| Extended Support  *Support outside standard support hours.* | |  | | |
| *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* | |  | | |
| STANDARD CONTACT CENTRE IP TELEPHONY | | | | |
| Standard Contact Centre IP Telephony | | Required  Not Applicable | | |
| Number of Users *Split into agents and supervisors* | | Agents    Supervisors | | |
| Locations of Users | |  | | |
| Contact Centre Feature Requirements | |  | | |
| Description of Existing Handsets | |  | | |
| STANDARD OPTIONS | | | | |
| Call Recording | | Required  Not Applicable | | |
| ADDITIONAL OPTIONS | | | | |
| Fax to email | | Required  Not Applicable  [If applicable please state requirements] | | |
| Web Chat | | Required  Not Applicable  [If applicable please state requirements] | | |
| Extended Training and Support | | Required  Not Applicable  [If applicable please state requirements] | | |
| **Extended Support** *Support outside standard support hours*  *Extended support may incur additional costs* | | Required  Not Applicable  [If applicable please state requirements] | | |
| *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* | |  | | |
| 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 | | | | |

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| PART C - PRICING | | | | | |
| DESCRIPTION | UNIT OF MEASURE | QTY | UNIT COST | TOTAL / MONTH | TOTAL ANNUAL |
| ALL PRICING IS EX GST | | |
| STANDARD SERVICE | | | | | |
| Handset |  |  | $ | $ | $ |
| Softphone Only |  |  | $ | $ | $ |
| Reception Console |  |  | $ | $ | $ |
| Unallocated Handset |  |  | $ | $ | $ |
| STANDARD OPTIONS | | | | | |
| Voicemail |  |  | $ | $ | $ |
| Voicemail to email |  |  | $ | $ | $ |
| ADDITIONAL OPTIONS | | | | | |
| Fax to email |  |  | $ | $ | $ |
| Web Chat |  |  | $ | $ | $ |
| Extended Training and Support |  |  | $ | $ | $ |
| Extended Support |  |  | $ | $ | $ |
|  |  |  |  |  |  |
| TOTAL IP TELEPHONY COST (EX GST) | | | $ | $ | $ |
| TRANSITION COSTS | | | | | |
| DESCRIPTION | | | | | **COST** (Ex GST) |
|  | | | | | $ |
|  | | | | | $ |
| Total Transition Cost (EX GST) | | | | | $ |

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| --- | --- |
| PART D - ACCEPTANCE OF 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: | / / |