NETWORK 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 FORMNETWORK 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* | | |  | | |
| 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* | | | **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 | | | | | |
| NETWORK CONNECTIVITY SITE | | | | | |
| Network Connectivity Site | | | | | Required  Not Applicable |
| **Nominated Customer Premises** | | | | |  |
| **Expiry Dates of the Customer Premises Leases** *If applicable* | | | | |  |
| **The Number of Staff** *FTE, concurrent guests and students (K-12, tertiary)* | | | | |  |
| **Number of LAN Ports Required** | | | | |  |
| **Number of Wireless Access Points** | | | | |  |
| **WAN Connection Requirements** | | | | |  |
| **Customer Equipment** *Details of any Customer equipment that the contractor will use to provide the network connectivity (site)* | | | | |  |
| **Site Network Profile** *A completed site network profile, including the requirements for patch cabling of LAN equipment* | | | | |  |
| **Excluded Equipment** *Details of end of life equipment*  *Equipment identified in the site survey as too old to support*  *Areas of Customer Premises that do not meet the minimum cabling and patching requirements (as specified by the GovNext Interoperability Committee) that the Customer has elected to keep in service (Excluded Equipment)* | | | | |  |
| **Link Termination Requirements**  *This relates to network termination and not contract termination*  *See Service Catalogue for more details on termination requirements* | | | | |  |
| **STANDARD OPTIONS** | | | | | |
| **Secondary WAN Connection – Diverse Path** | | | | | Required  Not Applicable  [If applicable please state requirements] |
| **AAA Service Authentication** | | | | | Required  Not Applicable  [If applicable please state requirements] |
| **ADDITIONAL OPTIONS** | | | | | |
| **Supply of LAN & WAN Equipment** | | | | | Required  Not Applicable  [If applicable please state requirements] |
| **Hardware Maintenance (break-fix) of LAN and WAN Equipment** | | | | | Required  Not Applicable  [If applicable please state requirements] |
| **PKI Infrastructure Management – Certificate Expiry Advice** | | | | | Required  Not Applicable  [If applicable please state requirements] |
| **PKI Infrastructure Management – Certificate Maintenance** | | | | | Required  Not Applicable  [If applicable please state requirements] |
| **Network and LAN design** | | | | | 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 Information**  *Outline any additional information here* | | | | |  |
| NETWORK CONNECTIVITY DATA CENTRE | | | | | |
| Network Connectivity Data Centre | | | | | Required  Not Applicable |
| The Customer Data Centres to be Connected to GovNet | | | | | [If applicable please state requirements] |
| The Link Speed and Termination Type Required. | | | | | [If applicable please state requirements] |
| Any location Requirements. | | | | | [If applicable please state requirements] |
| **STANDARD OPTIONS** | | | | | |
| Diverse Path | | | | | Required  Not Applicable  [If applicable please state requirements] |
| **ADDITIONAL OPTIONS** | | | | | |
| **Extended Support** *Support outside standard support hours*  *Extended support may incur additional costs* | | | | | Required  Not Applicable  [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 | | | | | | |

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| **PART C – PRICING** | | | | | | | | | | | | | | | | | | | |
| **NETWORK CONNECTIVITY SITE** | | | | | | | | | | | | | | | | | | | |
| **SITE DETAILS** | **WAN TYPE** | | **NO OF USERS** | **TYPE OF USER** | | **COST PER USER** | | **SITE BANDWIDTH** | | **PER USER BANDWIDTH** | | **CORE LEVY MONTH** | | **CORE LEVY ANNUAL** | | **TOTAL MONTH** | | | **TOTAL ANNUAL** |
| **ALL COSTS ARE EX GST** | | | | | | | |
|  |  | |  |  | |  | |  | |  | | $ | | $ | | $ | | | $ |
|  |  | |  |  | |  | |  | |  | | $ | | $ | | $ | | | $ |
|  |  | |  |  | |  | |  | |  | | $ | | $ | | $ | | | $ |
| **TOTAL SITE CONNECTIVITY COST (EX GST)** | | | | | |  | |  | |  | | **$** | | **$** | | **$** | | | **$** |
| **NETWORK CONNECTIVITY DATA CENTRE** | | | | | | | | | | | | | | | | | |
| **DATA CENTRE DETAILS** | | **DC LOCATION (FROM)** | | | **DC LOCATION (TO)** | | **LINK TYPE** | | **QTY** | | **UNIT COST** | | **COUNT OF FTE FEE** | | **MONTHLY COST** | | **ANNUAL COST** |
| **ALL COSTS ARE EX GST** | | | | | | |
|  | |  | | |  | |  | |  | | $ | | $ | | $ | | $ |
|  | |  | | |  | |  | |  | | $ | | $ | | $ | | $ |
|  | |  | | |  | |  | |  | | $ | | $ | | $ | | $ |
| **TOTAL DATA CENTRE CONNECTIVITY COST (EX GST)** | | | | | | | | | | | **$** | | **$** | | **$** | | **$** |

|  |  |  |  |  |  |  |  |  |  |  |
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| **NETWORK EQUIPMENT LEASE COSTS** *If additional detail is required on proposed equipment and pricing this can be requested under 'additional information' and provided as an attachment to the quote* | | | | | | | | | | |
| **SERVICE** | **MONTHLY COST OF NETWORK EQUIPMENT LEASE**  **(EX GST)** | **TOTAL COST OF NETWORK EQUIPMENT**  **(EX GST)** | **LEASE TERM** | **EARLY BREAKOUT COSTS (AT THE END OF PERIOD) EX GST** | | | | | | |
| **12 MONTHS** | | **24 MONTHS** | **36 MONTHS** | | **48 MONTHS** | **60 MONTHS** |
| **Equipment Levy** | $ | $ |  | $ | | $ | $ | | $ | $ |
| **TRANSITION COSTS** | | | | | | | |
| **DESCRIPTION** | | | | | **COST (EX GST)** | | |
|  | | | | | $ | | |
|  | | | | | $ | | |
| **TOTAL TRANSITION COST (EX GST)** | | | | | **$** | | |

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| PART D - ACCEPTANCE OF ORDER FORM QUOTE | |
| CUSTOMER | |
| Accountable Authority:  Position/Title:  Signature:  Date: | / / |
| **CONTRACTOR** | |
| Contractor:  Contractor Delegate:  Position:  Contractor ACN:  Signature:  Date: | / / |