POTS 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 FORMPOTS 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* |       |
| Submission of Order Form Quote DetailsContact Person for Order Form*<$250K Agency Representative**>$250K Department of Finance or agency 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 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  |       |
| Reporting 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* | Standard ReportingStandard 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 |
|   | 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* |
| List of Existing Handsets*List of existing handsets can be added as an attachment* |
| 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 ApplicableProvide any specific details or requirements for transition |
| 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 ApplicableOutline 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 ApplicableOutline any specific training and support requirements here |
| Disengagement Plan*Refer to the Customer Relationship Terms Clause 46.2 for the requirements of the disendagement plan* | [ ]  Required [ ]  Update Existing PlanOutline any specific requirements to be included in the disengagement plan |
| Interactive Workshops  | [ ]  Requirements Workshop[ ]  Design Workshop[ ]  Clarification/Negotiation Workshop |
| ORDER FORM REQUIREMENTS |
| **Number of Services** |  |
| **Types of Service** |  |
| **Any location Requirements** |  |
| **STANDARD OPTIONS** |
| **Provision of a PSTN Line** | [ ]  Required [ ]  Not Applicable[If applicable please state requirements] |
| **Provision of an ISDN Line** | [ ]  Required [ ]  Not Applicable[If applicable please state requirements] |
| **PABX to SIP Conversion (PABX gateway)** | [ ]  Required [ ]  Not Applicable[If applicable please state requirements] |
| **Handset to SIP Conversion (line gateway)** | [ ]  Required [ ]  Not Applicable[If applicable please state requirements] |
| **PABX Maintenance and Support** | [ ]  Required [ ]  Not Applicable[If applicable please state requirements] |
| **Malicious Call Trace** | [ ]  Required [ ]  Not Applicable[If applicable please state requirements] |
| **POTS Telephony Service (internal and external calling**) | [ ]  Required [ ]  Not Applicable[If applicable please state requirements] |
| **ADDITIONAL OPTIONS** |
| **Compatible Handsets** | [ ]  Required [ ]  Not Applicable[If applicable please state requirements] |
| **Call Detail Reporting** | [ ]  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 service levels may incur additional costs* | [ ]  Required [ ]  Not Applicable[If applicable please state requirements] |
| 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* |  |
| 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 | UNIT OF MEASURE | QTY | UNIT COST | MONTH COST | ANNUAL COST |
| ALL COSTS ARE EX GST |
| STANDARD SERVICES |  |  |  |  |  |
| PTSN |  |  |  |  |  |
| PTSN Line Rental |  |  |  |  |  |
| ISDN |  |  |  |  |  |
| Basic Rate ISDN |  |  |  |  |  |
| Primary Rate ISDN 10 Channel |  |  |  |  |  |
| Primary Rate ISDN 20 Channel |  |  |  |  |  |
| Primary Rate ISDN 30 Channel |  |  |  |  |  |
| ADDITIONAL SERVICES |  |  |  |  |  |
| Call Detail Reporting |  |  |  |  |  |
| Malicious Call Trace |  |  |  |  |  |
| ADDITIONAL SITES |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| PSTN AND CALL CHARGES TABLE |
| USAGE CHARGES | UNIT OF MEASURE | CHARGE PER UNIT | INCLUSIONS / EXCLUSIONS |
| PSTN Line Hunt Rental |  | $ |  |
| 13 Inbound Service Line Rental |  | $ |  |
| **1300 Inbound Service Line Rental** |  | $ |  |
| 1800 Inbound Service Line Rental |  | $ |  |
| Local Call |  | $ |  |
| National/Long Distance |  | $ |  |
| Mobile (same carrier) |  | $ |  |
| Mobile (different carrier) |  | $ |  |
| Satellite (intra-carrier) |  | $ |  |
| Satellite (to other carrier) |  | $ |  |
| 13 Inbound Call |  | $ |  |
| 1300 Inbound Call |  | $ |  |
| 1800 Inbound Call |  | $ |  |
| 13 Outbound Call |  | $ |  |
| 1300 Outbound Call |  | $ |  |
| International Call |  | $ |  |
| TRANSITION COSTS |
| DESCRIPTION | **COST**(Ex GST) |
|  | Total traction services cost with a link to breakdown | $ |
|  | Transition hardware, software and services costs | $ |
|  | Estimate of Agency effort (days)- link to breakdown by resource type |  |
| TOTAL TRANSITION COST (EX GST) | $ |
| PART D - ACCEPTANCE OF ORDER FORM / QUOTATION |
| 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: |       / /  |