**HSCN Access Services RM3825**

**Framework Schedule 3**

**(Template Order Form and Template Call Off Terms) Part 1**

**Call for Competition**

**Order Form**

This Order Form must be used to run a Call for Competition under the HSCN Access Services DPS.

Before commencing a Call for Competition and completing this Order Form, please refer to the guidance (**How to complete a Call for Competition order form**) provided which is available from the Crown Commercial Service (CCS) website on the agreement web page:

http://ccs-agreements.cabinetoffice.gov.uk/contracts/rm3825

**Order Form completion**

The Order Form consists of the following sections, please complete as follows:

**Section A – General information**

The Customer must complete the blue boxes in this section before issue to Suppliers.

The Supplier must complete the grey sections as part of the General Tender Response.

**Section B – Details of the requirement**

The Customer must complete this section before issue to Suppliers.

**Section C – Location details/requirements**

The Customer must complete this section before issue to Suppliers.

**Section D – Implementation Plan(s) and Milestones**

The Customer to complete the Milestones section, as appropriate, before issue to Suppliers.

The Supplier to insert or embed a copy of their Implementation Plan(s) as part of the General Tender Response.

**Section E - Compatibility information**

The Customer to complete this section, if required, before issue to Suppliers.

**Template Call Off Terms**

The Customer must amend the template Call Off Terms as required. The revised terms must be issued to Suppliers with the Order Form.

**Section F – Supplier response**

The Supplier must complete this section for submission as part of the General Tender Response.

**Section G - Call Off Contract award**

The Supplier must complete the grey boxes in this section.

The Supplier must complete details in the signature box and **sign** before submitting a General Tender Response.

The Customer must complete and sign this section to award a Call Off Contract to the successful Supplier.

**Section A**

**General information**

This Order Form is issued in accordance with the provisions of the HSCN Access Services RM3825.

The Supplier shall supply the Services specified in this Order Form to the Customer on and subject to the terms of this Order Form and the Call Off Terms (together referred to as the “Call Off Contract”) for the duration of the Call Off Contract Period.

The Call Off Terms that will apply to the Call Off Contract are as specified in the Template Call Off Terms (DPS Schedule 3, Part 2). The only amendments that can be made, by the Customer, to the Call Off Terms are those identified in sections B and D of this Order Form, or where permitted in the Template Call Off Terms.

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| --- |
| **Customer details** |
| **Customer Organisation name**Click here to enter text. |

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| **Customer billing address**Your organisation’s billing address, please ensure you include a postcodeClick here to enter text. |

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| --- |
| **Customer Representative** The name of your point of contact for this requirementClick here to enter text. |

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| --- |
| **Customer Representative details**Please provide full address details, email address and telephone numberClick here to enter text. |

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| --- |
| **Supplier details** |
| **Supplier name** The Supplier organisation name, exactly as it appears on the DPS Agreement. A document listing all Supplier names and registered addresses has been provided for Customers on the agreement web page.Click here to enter text. |

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| **Supplier address**The Supplier’s registered addressClick here to enter text. |

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| **Supplier Representative** The name of the Supplier point of contact for this requirement Click here to enter text. |

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| **Supplier reference number**A unique number provided by the Supplier at the time of the General Tender Response. This number should be reported in the financial MI return.Click here to enter text. |

**Section B**

**Details of the requirement**

The following details form the basis of a Call for Competition which will be used to award a Call Off Contract.

Suppliers must refer to the Statement of Requirements (SoR) attached (which will form Part A of Annex 1 of Schedule 2 of the Call Off Terms) when preparing their General Tender Response.

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| **Customer project reference**Please provide a project reference, this will be used in Management Information provided by Suppliers to assist CCS with DPS management.Click here to enter text. |

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| --- |
| **Customer Statement of Requirements (SoR) reference**Please complete an SoR in accordance with the DPS Agreement Schedule 4 (Call for Competition Procedure) and attach it to this Order Form. Please provide the reference number of your SoR.Click here to enter text. |
| **Closing date for Supplier responses**Click here to enter a date. |

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| **eAuction**Please indicate if you are proposing to utilise an electronic reverse auction following an initial full evaluation of all Supplier General Tender Responses. DPS Schedule 4 (Call for Competition Procedure) paragraph 3 (E-Auctions) outlines the requirements for an eAuction under the agreement. Yes [ ]  No [ ]  |

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| **Call Off Commencement Date**The Call Off Commencement Date is the date of dispatch of this Order Form, following signature by the Customer. This date can be found in section G of this Order Form. |

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| **Expected Call Off Commencement Date**Please provide an indication of the planned Call Off Commencement Date. This will assist Suppliers in preparing their bid, but is provided is for guidance only. Click here to enter text. |

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| **Call Off Contract Initial Period**The Call Off Contract Initial Period will be 60 Months. Where the customer has a specific requirement for a shorter Call Off Contract Initial Period, this should be entered below.60  |

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| **Please note**Selecting, or ticking ‘yes’ to any of the following options may have cost implications and limit the ability of some Suppliers to respond to your request for a General Tender Response.Please ensure you read the ‘How to run a Call for Competition’ guidance which is available on our agreement web page. Details of the implications and risks of the following options are outlined in this guidance. |

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| **Service compatibility assessment required?**Tick if required. See clause 6.1.4 (c) (E) of the Call Off Terms and Section E of this form which requires you to provide additional information. Yes [ ]  |

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| --- | --- |
| **Bespoke information security management systems (ISMS)** **required?**Tick if required. See call-off Schedule 7Yes [ ]  | **Customer Security Policy or ICT Policy to apply?** Tick if required. See call-off Schedule 7 and clauses 6.1.3 and 7.3.3 of the Call Off Terms for references.Yes [ ]  |

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| **Service Level requirements**State your Service Level requirements below or refer to the relevant section of your attached Statement of Requirements.See clause 9 of the Call Off Terms and Call Off Schedule 6.Click here to enter text. |

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| **Additional performance monitoring requirements?**Tick if required. See Call-Off Schedule 6, Annex 1 to part BYes [ ]  |

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| **Additional performance monitoring requirements**Please provide details of requirementsClick here to enter text. |

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| **Appointment of Key Personnel?**Tick if required and insert descriptions of Key Roles and associated responsibilities to be fulfilled by Key Personnel in this box below. See clause 23 of the Call Off TermsYes [ ]  |
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| **Supplier business continuity and disaster recovery (BCDR) plans** |
| **Standard Supplier plan to apply?**See clause 11 of the Call Off Terms, Schedule 8 of the Call Off Terms, and the Supplier’s SQ Response.Yes [ ]  | **Bespoke BCDR Plan required?**Tick if required. See clause 11 of the Call Off Terms and Schedule 8 of the Call Off Terms.If required, please provide additional information in your SOR.Yes [ ]  |

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| **Financial distress provisions required?**Tick if required. See clause 19 of the Call Off Terms and Schedule 5 of the Call Off Terms. Complete Rating Agency section below if required.Yes [ ]   |

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| --- | --- |
| **Rating Agency 1**Please give name of required Rating Agency, see Call Off Schedule 5.Click here to enter text. | **Rating Agency 1 - Credit Rating Threshold**Please state the minimum credit rating level, see Call Off Schedule 5Click here to enter text. |

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| --- | --- |
| **Rating Agency 2**Please give name of required Rating Agency, see Call Off Schedule 5.Click here to enter text. | **Rating Agency 2 - Credit Rating Threshold**Please state the minimum credit rating level, see Call Off Schedule 5Click here to enter text. |

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| **Payment terms/profile required?**Tick if required. See paragraph 4 of Call Off Schedule 3.Yes [ ]  |  |

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| **Relevant Convictions apply?**Tick if required. See clause 24.2 of the Call Off Terms.Yes [ ]   |

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| **Additional clause** “Security measures” required?See Call Off Schedule 13, paragraph 2.2.1Yes ☐ |

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| --- |
| **Additional clause** “Access to MOD sites” required? See Call Off Schedule 13, paragraph 2.2.2Yes ☐  |

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| **Any other changes**If you have made changes to any sections of the Call Off Terms that have not been captured in the Order Form, please use this section to draw them to the attention of the SuppliersYes ☐Please state with brief description: |

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| --- | --- |
| **Non-Crown Body?**Please indicate if you are a Crown or non-Crown Body.See Call Off Schedule 13, clause 2.1.3Crown Body [ ]  Non-Crown Body [ ]  | **Non FOIA Public Body?**Please indicate if you are an FOIA Public Body or non-FOIA Public Body. See Call Off Schedule 13, clause 2.1.4FOIA Public Body [ ]  Non FOIA Public Body [ ]  |

**Section C**

**Location details/requirements**

Please provide details of all the locations where the Supplier will be required to deliver the Service/s requested (this will be necessary for Suppliers to provide accurate quotations).

For each Site to be covered by this Order Form, please provide the full postal address, including postcode. If a postcode is not available please provide an Ordnance Survey National Grid reference, which can be found using an internet search such as [Grid Reference Finder](http://gridreferencefinder.com/).

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| --- | --- | --- |
| **Site address** | **Site postcode** | **Required service commencement date** |
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**(Provide further Site details as required)**

**Section D**

**Initial implementation and milestone requirements**

One or more Implementation Plans will be required and there may be one Implementation Plan per Service Instance. This Section D must set out sufficient information to enable the Supplier to produce the relevant implementation materials (which may include draft implementation plan(s)) required for the Services, which shall include, as a minimum, the following:

1. descriptions of the Milestone and Milestone Acceptance Criteria models the Customer wishes to apply to the Implementation Plan(s);
2. a indication of the Service Instances to be included on the draft implementation plan(s); and
3. the level of detail required in the Supplier’s draft Implementation Plans provided in section F.

***Milestones and Milestone Achievement Criteria***

***Milestone table****:*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Milestone ID and title*** | ***Milestone Payments scope*** | ***Delay Payments amount (£)*** | ***ATP/CPP*** |
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***Milestone Achievement Criteria:***

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| ***Milestone M1: Go Live*** |
| ***Unique Ref*** | ***Acceptance Criteria*** |
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| ***Milestone M2: Service Stability*** |
| ***Unique Ref*** | ***Acceptance Criteria*** |
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**Implementation Plans**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Implementation Plan Id and title*** | ***Applicable Milestone / Milestone Achievement Criteria option*** | ***Service Instance Unique IDs*** | ***Go-Live date constraints*** | ***Level of detail required in the Implementation Plans provided by the Supplier in Section F*** |
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**Section E**

**Compatibility information**

**This section is relevant where you have indicated that a service compatibility assessment required.**

See question in section B.

Clause 6.1.4 (c) (E) of the Call Off Terms refers.

Please provide additional information as required.

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| --- |
| **Customer Software** Click here to enter text. |

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| --- |
| **Customer System** Click here to enter text. |

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| --- |
| **Customer Property** Click here to enter text. |

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| **Customer Assets**Click here to enter text. |

**Section F**

**Supplier response**

Suppliers - use this section to provide any details that may be relevant to the General Tender Response.

Please ensure that you also attach your detailed response which will be incorporated into Schedule 2, Annex 2 and Schedule 3 of the Call Off Terms.

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| **Commercially Sensitive Information**Commercially Sensitive Information relating to the Supplier, its IPR or its business, or which the Supplier is indicating to the Customer that, if disclosed by the Customer, would cause the Supplier significant commercial disadvantage or material financial loss.Click here to enter text. |

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| **Key Personnel**Please see Customer response in section B to confirm if required. See clause 24 of the Call Off Terms for details |
| Key Role | Key Personnel Name | Key Personnel telephone number | Key Personnelemail address |
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| **Complaint handling**Please provide details of a single contact who will be responsible for Complaint handling as detailed in clause 52 of the Call Off Terms. |
| Name of key contact |  |
| Job role |  |
| Telephone number |  |
| Email address |  |
| Postal address |  |

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| **Supplier implementation and milestone response**Insert below any draft implementation materials and other relevant information in response to the Customer requirements set out in Section D of this Order Form:**Supplier Equipment**Please detail any equipment that will be necessary to provide the services requested by the customer.See clause 28 of the Call Off Terms. |
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| **Supplier and Third Party Software**Please include details of any relevant software in accordance with the “Supplier Software” and “Third Party Software” sections of the Call Off Schedule 1 (Definitions) |
|  |
| **Due Diligence response information**Please include any information that you wish to make the Customer aware of in accordance with clause 2 of the Call Off Terms. |
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| **Rating Agency information**Please provide the ratings using the Rating Agencies identified (if appropriate) by the Customer in section B of this form, in accordance with Call Off Schedule 5. |
| **Rated Organisation** | Credit rating agency 1: | Credit rating agency 2: |
|  | Credit Rating (Long Term) | Credit Rating Threshold | Credit Rating (Long Term) | Credit Rating Threshold |
| Supplier |  |  |  |  |
| DPS GuarantorWhere the Supplier has a DPS Guarantor the full legal name and registered address is to be provided: |  |  |  |  |

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| **Performance Monitoring & Reporting**Please provide details as required in part B of call-off Schedule 6 paragraph 1.2. |
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| **Total contract value**Please provide an estimated total value (for the Call Off Period) as detailed in your attached response to the Customer’s Statement of Requirements.Click here to enter text.If you wish to provide a summary breakdown of the total contract value, please add details. |
|  |

**Section G**

**Call Off Contract Award**

Customer organisation: see section A

Customer project reference see section B

Supplier name see section A

Unique Call Off Contract identifier see section A

This Call Off Contract is awarded in accordance with the provisions of HSCN Access Services RM3825.

The Supplier shall supply the Services specified in this Order Form to the Customer on and subject to the terms of this Order Form and the Call Off Terms (together referred to as the “Call Off Contract”) for the duration of the Call Off Contract Period.

The Customer confirms that no amendments other those identified in sections B and D of this form have been made to the Template Call Off Terms.

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| --- |
| **Call Off Commencement Date**The Call Off Contract Commencement Date will be the date of dispatch of this signed Order Form, by the Customer, to the successful Supplier, in accordance with DPS Schedule 4 (Call Off Procedures) paragraph 6 (Call Off Award Procedure). |

**SIGNATURES**

**For and behalf of the Supplier (at submission of General Tender Response)**

The supplier confirms upon signature that they are HSCN Compliant Stage 2

|  |  |
| --- | --- |
| Name |  |
| Job role/title |  |
| Signature |  |
| Date |  |

**For and on behalf of the Customer (at Call Off Contract award)**

|  |  |
| --- | --- |
| Name |  |
| Job role/title |  |
| Signature |  |
| Date of dispatch |  |

Please note that the Order Form must be sent to a supplier by electronic means (in line with the Regulations governing a DPS.

Please see the DPS Platform for electronic contact details.

**For Supplier use**

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| **Unique Call Off Contract identifier**A unique number provided by the Supplier at the time of Call Off Contract award. This number must be reported in the financial MI return.Click here to enter text. |