



**Network Services Agreement RM1045  
Framework Schedule 4  
(Template Order Form and Template Call Off Terms) Part 1(c)**

## **General Further Competition Order Form**

This Order Form must be used to run a General Further Competition under the Network Services Agreement

Before commencing a General Further Competition and completing this Order Form, please refer to the guidance ([How to complete a general further 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/rm1045>

### **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 - Milestone plan**

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

#### **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 Network Services Framework Agreement RM1045.

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 (Framework Schedule 4, 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.

### Customer details

#### Customer Organisation name

Cabinet Office

#### Customer billing address

Your organisation's billing address, please ensure you include a postcode

Cabinet Office REDACTED

#### Customer Representative

The name of your point of contact for this requirement

REDACTED

#### Customer Representative details

Please provide full address details, email address and telephone number

Tel: REDACTED Email: REDACTED

### Supplier details

#### Supplier name

The Supplier organisation name, exactly as it appears on the Framework Agreement. A document listing all Supplier names and registered addresses has been provided for Customers on the agreement web page.

HighSpeed Office Ltd

#### Supplier address

The Supplier's registered address

HighSpeed Office Ltd, REDACTED

#### Supplier Representative

The name of the Supplier point of contact for this requirement

REDACTED

#### 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 Request for Proposal (RFP) which will be used to award a Call Off Contract.

Suppliers must refer to the Statement of Requirements (SoR) attached (which will form schedule 2, annex 1 of the Call Off Terms) when preparing their General Tender Response.

#### Customer project reference

Please provide a project reference, this will be used in Management Information provided by Suppliers to assist CCS with Framework management.

CCTS19A05

#### Customer Statement of Requirements (SoR) reference

Please complete a SoR in accordance and attach it to this Order Form, please provide the reference number of your SoR.

Please see Appendix B Statement of Requirement

#### Closing date for Supplier responses

REDACTED

#### Lot or Lots covered by this requirement

Lot 1

#### eAuction

Please indicate if you are proposing to utilise an electronic reverse auction following an initial full evaluation of all Supplier General Tender Responses. Framework Schedule 5 (Call Off Procedures) paragraph 5 (E-Auctions) outlines the requirements for an eAuction under the agreement.

Yes ☐ No ☒

#### Last price paid

Please provide the expenditure in the last full financial year by your organisation covering the services being replaced by this Call Off Contract (if applicable). Please provide any relevant details to explain the figure.

REDACTED

#### Call Off Commencement Date

REDACTED

#### 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 if provided is for guidance only.

REDACTED

#### Call Off Initial Period

Any period in Months, up to the maximum Call Off Initial Period of 60 Months.

REDACTED

#### Call Off Extension Period

The maximum Call Off Extension Period is 24 Months.

REDACTED

#### Implementation Plan required?

Tick as required. See clause 7 of the Call Off Terms

Yes ☒ No ☐

#### Quality Plan required?

Tick as required. See clause 8 of the Call Off Terms

Yes ☐ No ☒

**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 General Further 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.

**Additional Standards (Quality Plan) required?**

See clause 8 of the Call Off Terms.

Yes ☐ No ☒

Please state with brief description

**Milestone plan required?**

Tick as required. See clause 6 of the Call Off Terms. See section D of this form, please complete the table.

The Authority requests the suppliers to submit a detailed project plan for install.

Yes ☒ No ☐

**Service compatibility assessment required?**

Tick as required. See clause 7.1.4 (c) to (k) of the Call Off Terms and Section E of this form which requires you to provide additional information.

Yes ☐ No ☒

**Testing required?**

Tick as required. See clause 9 of the Call Off Terms

Yes ☐ No ☒

**Bespoke information security management systems (ISMS) required?**

Tick as required. See call-off Schedule 7

Yes ☐ No ☒

**Customer Security Policy or ICT Policy to apply?**

Tick as required. See call-off Schedule 7 and clauses 7.1.3 and 8.3.3 of the Call Off Terms for references.

Yes ☒ No ☐

**Perpetual licences required?**

Tick as required. See clause 30.8 of the Call Off Terms.

Yes ☐ No ☒

**Exit provisions apply?**

Tick as required. See clause 42.5 of the Call Off Terms.

Yes ☒ No ☐

**Service Maintenance Level (SML) option**

Indicate required Service Maintenance Level (SML), or state that your SML requirements are detailed in your attached Statement of Requirements.

See clause 10 of the Call Off Terms and Call Off Schedule 6.

Level 4

**Bespoke Service Period**

The standard period is one Month.

Please specify any different requirement here. See Call Off Schedule 1 (Definitions) [Click here to enter text.](#)

**Benchmarking required?**

Tick as required. See clause 23 of the Call Off Terms and Call Off Schedule 14.

Yes ☐ No ☒

**Benchmarker name**

N/A

**Benchmarker address**

N/A

**Comparison of price** Please see Call Off Schedule 14

N/A

**Comparison of Service Levels** Please see Call Off Schedule 14

N/A

**Benchmarker frequency**

Please see Call Off Schedule 14, and detail required changes to the frequency described.

N/A

**Additional performance monitoring requirements?**

Tick as required. See Call-Off Schedule 6, Annex 1 to part B

Yes ☐ No ☒

**Additional performance monitoring requirements**

Please provide details of requirements

N/A

**Bespoke Service Credit Cap?**

Tick as required. See definition of Service Credit Cap in Call Off Schedule 1 (Definitions).

Yes ☐ No ☒

**New Service Credit Cap**

Please provide the revised Service Credit Cap.

**Appointment of Key Personnel?**

Tick as required. See clause 24 of the Call Off Terms

Yes ☒ No ☐

**Continuous improvement required?**

Tick as required. See clause 15 of the Call Off Terms.

Yes ☒ No ☐

**Full Audit transparency required?**

Defined as Auditor access to those elements set out in clause 18.2.2 (r).

Tick as required. See clause 18 of the Call Off Terms. If required, please provide additional information in your SOR.

Yes ☐ No ☒

**Supplier business continuity and disaster recovery (BCDR) plans****Standard Supplier plan to apply?**

See clause 12 of the Call Off Terms and Schedule 8 of the Call Off Terms.

Yes ☒ No ☐

**Bespoke BCDR Plan required?**

Tick as required. See clause 12 of the Call Off Terms.

If required, please provide additional information in your SOR.

Yes ☐ No ☒

**Call-off Guarantor required?**

Tick as required. See clause 4.1 of the Call Off Terms

Yes ☐ No ☒

**Financial distress provisions required?**

Tick as required. See clause 20 of the Call Off Terms and Schedule 5 of the Call Off Terms.

Yes ☐ No ☒

**Rating Agency 1**

Please give name of required Rating Agency, see Call Off Schedule 5.

N/A.

**Rating Agency 1 - Credit Rating Threshold**

Please state the minimum credit rating level, see Call Off Schedule 5

N/A

**Rating Agency 2**

Please give name of required Rating Agency, see Call Off Schedule 5.

N/A

**Rating Agency 2 - Credit Rating Threshold**

Please state the minimum credit rating level, see Call Off Schedule 5

N/A

**Payment terms/profile required?**

Tick as required. See paragraph 4 of Call Off Schedule 3.

Yes ☐ No ☒

**Bespoke liability limits?**

Tick as required. See clause 33.2.1 of the Call Off Terms

Yes ☐ No ☒

**Liability limits**

Please provide the revised liability limit(s)

Standard call off terms apply

**Bespoke insurance requirements?**

Tick as required. See clause 34 of the Call Off Terms.

Yes ☐ No ☒

**Insurance requirements**

Please provide details of your additional insurance requirements

N/A

**Relevant Convictions apply?**

Tick as required. See clause 25.2 of the Call Off Terms.

Yes ☒ No ☐

**Personal Data within UK only?**

Tick as required. See clause 31.7.4.4 of the Call Off Terms.

Yes ☒ No ☐

**Additional clause "Security measures" required?**

See Call Off Schedule 13, clause 2.2.1

No

**Additional clause "Access to MOD sites" required?**

See Call Off Schedule 13, clause 2.2.2

Yes

**Additional clause "Other" required?**

See Framework agreement, Schedule 5, clause 4.1

No

Please state with brief description

**Scots Law required?**

Tick as required.

See Call Off Schedule 13, clause 2.1.1

Yes ☐ No ☒

**Northern Ireland Law required?**

Tick as required.

See Call Off Schedule 13, clause 2.1.2

Yes ☐ No ☒

**Non-Crown Body?**

Please indicate if you are a Crown or non-Crown Body.

See Call Off Schedule 13, clause 2.1.3

Crown 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 2.1.4

FOIA Public Body ☒ Non FOIA Public Body ☐



Crown  
Commercial  
Service

## 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](#).

**(Provide further Site details as required)**

**REDACTED**





Crown  
Commercial  
Service

## Section D

### Milestone plan

Please complete where specific Milestones, Milestone Payments or Delay Payments are required.

Please define the relevant Milestones (time or activity based) e.g. stage payments.

Under each Milestone add the detail which describes the Milestone to Suppliers in terms of time, responsibilities, value as appropriate.

**REDACTED**



## Section E

### Compatibility information

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

See question in section B.

Clause 7.1.4 (c) to (k) of the Call Off Terms refers.

Please provide additional information as required.

#### Customer Software

N/A

#### Customer System

N/A

#### Customer Property

N/A

#### Customer Assets

N/A



Crown  
Commercial  
Service

## 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 attach your detailed response which will form Schedule 2, Annex 2 and Schedule 3 of the Call Off Terms

#### **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.

REDACTED



### Supplier Equipment

Please detail any equipment that will be necessary to provide the services requested by the customer.  
See clause 29 of the Call Off Terms

REDACTED

### 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.

N/A

### Call Off Guarantor

Where the Customer has requested a Call Off Guarantor in section B of this form please provide the **full legal name** and **registered address** of the Call Off Guarantor.

Please include any information that you wish to make the Customer aware of in accordance with clause 4.1 of the Call Off Terms.

Note, where the Customer has requested a Call Off Guarantor in section B of this form, the award of a Call Off Contract is conditional upon receipt of an executed Call Off Guarantee from the Call Off Guarantor on a form set out by the Customer or the form provided in Framework schedule 11 (as specified by the Customer) and a certified copy extract of the board minutes and/or resolution of the Call Off Guarantor approving the execution of the Call Off Guarantee.

N/A

### 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				
Call-off Guarantor To be provided if a Call Off Guarantor has been requested by the Customer in section B and the details have been provided above.				
Framework Guarantor Where the Supplier has a Framework Guarantor the full legal name and registered address is to be provided:				



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Service

REDACTED

**Total contract value**

Please provide an estimated total value (for the Initial Call Off Period) as detailed in your attached response to the Customer's Statement of Requirements.

**£858,377.02**

If you wish to provide a summary breakdown of the total contract value, please add details.

REDACTED

**All pricing is exclusive of VAT, REDACTED**



## 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 the Network Services Framework Agreement RM1045.

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.

**Call Off Contract Commencement Date**  
REDACTED

#### SIGNATURES

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

Name	REDACTED
Job role/title	MANAGING DIRECTOR
Signature	
Date	REDACTED

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

Name	REDACTED
Job role/title	COMMERCIAL DIRECTOR
Signature	
Date of dispatch	REDACTED

Please note that if an Order Form is sent to a supplier by post (See Framework Schedule 5 for details) the Order Form should be sent to the postal address provided on the agreement webpage <http://ccs-agreements.cabinetoffice.gov.uk/contracts/rm1045>. Please see the documents tab and refer to Suppliers by lot, this document also provides an e-mail address for each supplier.

#### For Supplier use

##### 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.](#)