



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

Direct Award Order Form

This Order Form must be used to place a Direct Award under the Network Services Agreement

Before completing this Order Form, please refer to the guidance provided (**How to complete a direct award order form**) 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 this section for all Orders.

Section B – Direct Award information

The Customer must complete this section for all Orders.

Section C – Location details/requirements

The Customer must complete this section for all Orders.

Section D – Call Off Contract award (Direct Award)

The Customer must complete and sign this section for all Orders before sending the Order Form to the Supplier.

The Supplier must complete the grey boxes in this section and return a copy of the Order Form to the Customer. The Supplier may sign as acknowledgement of receipt of the Order.



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, the appendices to this Order Form, as completed by the Customer and the Call Off Terms (together referred to as the "Call Off Contract") for the duration of the Call Off Contract Period.

For a Direct Award the following appendices may apply to the Call Off Contract:

Appendix 1 - Testing

Annex 2 Test Certificate
Annex 3 Satisfaction Certificate

- to be completed by both Parties as required throughout the life of the Call Off Contract, where testing has been requested in section B of this Order Form.

Reference: Direct Award and Short Form Further Competition Call Off Terms, Schedule 4

Appendix 2 - Variation Form

- to be used, if required, by both Parties throughout the life of the Call Off Contract.

Reference: Direct Award and Short Form Further Competition Call Off Terms, Schedule 12

The Call Off Terms that will apply to the Call Off Contract are as specified in the Direct Award and Short Form Further Competition Call Off Terms (Framework Schedule 4, part 2).

Customer details

Customer Organisation name

Department for Work and Pensions

Customer billing address

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

Department for Work and Pensions, PO Box 406, SSCL, Phoenix House, Celtic Springs Business Park, Newport, NP10 8FZ. email address: APinvoices-DWP-U@sscl.gse.gov.uk

Customer Representative:

The name of your point of contact for this requirement

Anthony Roberts

Customer Representative contact details

Please provide full address details, email address and telephone number

e-mail: anthony.roberts@dwp.gsi.gov.uk. Address: 301 Bridgewater Place | Birchwood, Warrington, WA3 6XF, tel: 01925 845584

Supplier details

Supplier name

The Supplier organisation name. Call Off Contracts must be awarded to the Supplier name as it appears in the Supplier Framework Agreement.

These are available on the agreement webpage, <http://ccs-agreements.cabinetoffice.gov.uk/contracts/rm1045>. Please see the documents tab, and refer to Suppliers by lot.

Exponential-e Limited

Supplier address

The Supplier's registered address, please see the documents tab on the agreement webpage and refer to Suppliers by lot. <http://ccs-agreements.cabinetoffice.gov.uk/contracts/rm1045>.



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100 Leaman Street, London E1 8EU



Section B

Direct Award information

Customer Order reference number

Please provide a unique reference for this Call Off Contract.
Bravo Project 20417

Service Offer reference

The item number/s for the Service Offer/s (called Supplier item ID in the Catalogue Publication Portal) this can be confirmed by the Supplier if required.
GovConnect_HE01

Description of Services required

Please provide a description of Services required to enable the Supplier to ensure that the requirement is fully provided by the Service Offer selected. Please ensure all required options are listed.

Where additional Testing or Testing as an option is required, please ensure these requirements are clearly listed.

Please provide details of quantity required where this is relevant.

Service 1: 1Gbps of internet with 32x IPv4 addresses delivered over a fibre cross connect into the Customer rack located in Equinix, LD8 and terminated via an Ethernet Demarcation Device
Service 2: 100Mbps of internet with 8x IPv4 addresses delivered over a fibre cross connect into the Customer rack located in Equinix, LD8 and terminated via an Ethernet Demarcation Device

Lot or Lots covered by this requirement

Lot 1

Call Off Commencement Date

The Call Off Commencement Date is the date of dispatch of this signed Order Form. This date can be found in section D of this Order Form.

Call Off Initial Period

Any period in months, up to the maximum Call Off Initial Period of **36 Months**
12 Months

Call Off Extension Period

The maximum Call Off Extension Period is **24 Months**
12 months

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.

NA

Implementation Plan required?

A draft Implementation Plan will form part of the Service Offer, if you require the Supplier to provide a plan based on this draft, please select. See clause 6 of the Call Off Terms

Yes ☐ No ☒

Testing

Testing may be included in a Service Offer.

Options for additional Testing, or Testing as an option, may also be described in a Service Offer.

Please indicate if you require any of the described Testing options. These must be included in your 'Description of Services required' section of this form.

If testing is required the forms attached at appendix 1 (Call Off Schedule 4) will be used by both Parties throughout the life of the Call Off Contract.

Testing options are required ☐

Testing options are not required ☒



Service Maintenance Level (SML) required

The Supplier's Service Offer will have a default Service Maintenance Level, options for other SMLs may be available and will be described in the Service Offer. Where options are provided, please indicate the required level. See clause 10 of the Call Off Terms and Schedule 6 of the Call Off Terms.

As per SSO Offer

Charges

These will either appear as an item price or will be derived from the Price Card attached to the Service Offer. Please note that if a Service Offer is indicated as 'free' this is due to the functionality of the software of the Catalogue Publication Portal. You must identify the relevant options and costs from the Price Card attached.

Total contract value

Please provide the total contract value.

£18,360 based on initial term of 12 months (payable monthly in arrears)

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 ☐

Dispute Resolution – role

Please provide details of the role within your organisation (if different from the contact provided in section A of this form) that would deal with Disputes.

See Call Off Schedule 11, clause 3.1 for details.

Anthony Roberts

Dispute Resolution - arbitration

The default location for arbitration under this framework is London. If you wish to identify a more convenient location (for you and the Supplier) you are able to do so.

See Call Off Schedule 11, clause 6.4.6

London



Section C

Location details/requirements

Please provide details of all the locations where the Supplier will be required to deliver the Services requested.

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 appropriate reference such as a National Grid reference, which can be found using an internet search such as [Grid Reference Finder](#).

The required date of delivery of the Services must be in accordance with the Outline Implementation Plan described in the Service Offer.

Site address	Site postcode	Required service commencement date
Equinix Data Centre, LD8 London	E14 9GE	25/10/17

(Provide further Site details as required)



Section D

Call Off Contract award (Direct Award)

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, the appendices to this Order Form, as completed by the Customer and the Call Off Terms (together referred to as the "Call Off Contract") for the duration of the Call Off Contract Period.

Unique Call Off Contract identifier

A unique Order reference number provided by the Supplier for this Call Off Contract.
GovConnect_HE01

Supplier Representative

The name of the Supplier point of contact for this requirement
[REDACTED]

Supplier's Representative

The contact details of the Supplier's representative
100 Leman Street, London E1 8EU

Dispute Resolution - Supplier

Please provide details of the role within your organisation that would deal with Disputes (if different from the contact given above). See Call Off Schedule 11, clause 3.1 for details.
[REDACTED]

Call Off Contract Commencement Date

The commencement date of the Call Off Contract will be the date of dispatch of this signed Order Form by the Customer to the successful Supplier in accordance with Framework Schedule 5 (Call Off Procedures) paragraph 8 (Call Off Award Procedure).

SIGNATURES

For and on behalf of the Customer

Name	Anthony Roberts
Job role/title	Commercial Manager
Signature	[REDACTED]
Date of dispatch	10 th October 2017

Please note that if an Order Form is sent to a supplier by post, the postal address provided on the agreement webpage <http://ccs-agreements.cabinetoffice.gov.uk/contracts/rm1045> should be used.

Please see the documents tab, and refer to Suppliers by lot. This document also provides an email address for each supplier.



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For and on behalf of the Supplier

Name	██████████
Job role/title	Director – Public Sector
Signature	██████████
Date	9th October 2017

Direct Award Order Form



CALL OFF SCHEDULE 4: TESTING

ANNEX 2: TEST CERTIFICATE

To: [insert name of Supplier]
From: [insert name of Customer]
[insert Date dd/mm/yyyy]

Dear Sirs,

TEST CERTIFICATE

Deliverables:

[Guidance Note to Customer: Insert description of the relevant Deliverables/Milestones]

We refer to the agreement ("**Call Off Contract**") relating to the provision of the Services between the [insert Customer name] ("**Customer**") and [insert Supplier name] ("**Supplier**") dated [insert Call Off Commencement Date dd/mm/yyyy].

The definitions for terms capitalised in this certificate are set out in this Call Off Contract.

[We confirm that all of Deliverables listed above have been tested successfully in accordance with the Testing Strategy Plan relevant to those Deliverables.]

[OR]

[This Test Certificate is issued pursuant to paragraph 13.1 of Call Off Schedule 4 (Testing) of this Call Off Contract on the condition that any Test Issues are remedied in accordance with the Rectification Plan attached to this certificate.]*

[*Guidance Note: delete as appropriate]

Yours faithfully

[insert Name]

[insert Position]

acting on behalf of [insert name of Customer]



CALL OFF SCHEDULE 4: TESTING

ANNEX 3: SATISFACTION CERTIFICATE

To: [insert name of Supplier]
From: [insert name of Customer]
[insert Date dd/mm/yyyy]

Dear Sirs,

SATISFACTION CERTIFICATE

Milestone:

[Guidance Note to Customer: Insert description of the relevant Milestones]

We refer to the agreement ("Call Off Contract") relating to the provision of the Services between the [insert Customer name] ("Customer") and [insert Supplier name] ("Supplier") dated [insert Call Off Commencement Date dd/mm/yyyy].

The definitions for terms capitalised in this certificate are set out in this Call Off Contract.

[We confirm that all the Deliverables relating to Milestone [number] have been tested successfully in accordance with the Testing Strategy Plan relevant to this Milestone [or that a conditional Test Certificate has been issued in respect of those Deliverables that have not satisfied the relevant Test Success Criteria.]]*

[OR]

[This Satisfaction Certificate is granted pursuant to paragraph 13.1 of Call Off Schedule 4 (Testing) of this Call Off Contract on the condition that any Test Issues are remedied in accordance with the Rectification Plan attached to this certificate.]*

[You may now issue an invoice in respect of the Milestone Payment associated with this Milestone in accordance with the provisions of Call Off Schedule 3 (Call Off Contract Charges, Payment and Invoicing)]*

[*Guidance Note: delete as appropriate]

Yours faithfully

[insert Name]

[insert Position]

acting on behalf of [insert name of Customer]



CALL OFF SCHEDULE 12: VARIATION FORM

No of Order Form being varied:

.....

Variation Form No:

.....

BETWEEN:

[insert name of Customer] ("the Customer")

and

[insert name of Supplier] ("the Supplier")

1. This Call Off Contract is varied as follows and shall take effect on the date signed by both Parties:

[Guidance Note: Insert details of the Variation]

2. Words and expressions in this Variation shall have the meanings given to them in this Call Off Contract.
3. This Call Off Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

Signed by an authorised signatory for and on behalf of the Customer

Signature

Date

Name (in Capitals)

Address

Signed by an authorised signatory to sign for and on behalf of the Supplier

Signature

Date

Name (in Capitals)

Address