



**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 of Health and Social Care – URN 10007881

Customer billing address

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

C/O ATOS IT SERVICES, FMS, ATOS IT SERVICES UK LTD, PO 3900800766, CREWE, Cheshire, CW2 6DR

Customer Representative:

The name of your point of contact for this requirement

Customer Representative contact details

Please provide full address details, email address and telephone number

Department of Health and Social Care, Quarry House, Leeds LS2 7UE E

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.

BRITISH TELECOMMUNICATIONS PLC

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>.



Section B Direct Award information

Customer Order reference number

Please provide a unique reference for this Call Off Contract.
DHSC9531

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.

RM1045-L1-BT0086-A_SSO (RM1045-L1-BT0086-A_Price Card)

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.

BT Service Order Reference Number	Volumes Required	Price Card Service Description
BT-L1-0001	6	Ethernet Access Standard - 100MFlex
BT-L1-0003	3	Ethernet Access Standard - 100MFlex LOCAL
BT-L1-0004	3	Ethernet Access Standard - 1000MFlex LOCAL
BT-L1-0012	2	Ethernet Access Secure Plus -1000MFlex LOCAL
BT-L1-0013	12	Ethernet Access Per Km Rental
BT-L1-0020	1	Port Standard Band 2 - 4M
BT-L1-0031	1	Port Standard Band 1 - 10M
BT-L1-0039	2	Port Standard Band 1 - 20M
BT-L1-0040	1	Port Standard Band 2 - 20M
BT-L1-0047	3	Port Standard Band 1 - 30M
BT-L1-0055	1	Port Standard Band 1 - 40M
BT-L1-0223	1	Port Secure or Secure Plus Band 1 - 300M
BT-L1-0106	1	Port Standard Band 0 - 400M
BT-L1-0107	1	Port Standard Band 1 - 400M
BT-L1-0108	1	Port Standard Band 2 - 400M
BT-L1-0230	1	Port Secure or Secure Plus Band 0 - 400M
BT-L1-0264	9,000	Class of Service EF 100M Flex/ Flex Local (pence per KB)



BT-L1-0266	85,000	Class of Service EF 1000M Flex /Flex Local (150M Up to <600M) (pence per KB)
BT-L1-0270	21,000	Class of Service AF 100M Flex/ Flex Local (pence per KB)
BT-L1-0272	220,000	Class of Service AF 1000M Flex /Flex Local (150M Up to <600M) (pence per KB)

Other Information needed to process Customer order

Customer Onebill No:	VP61774670
Customer VAT No:	888 8150 64

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 + 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.

£xx

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.

N/A

Charges



Crown Commercial Service

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.

£367,484.40

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?

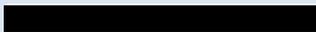
Please indicate if you are an FOIA Public Body or non-FOIA Public Body. See Call Off Schedule 13, clause 2.1.4

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.

BT Regional Sales Director
c/o BT Frameworks Helpdesk  or


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
39 Victoria Street	SW1H 0EU	ASAP
Atos Beeston	NG9 1LA	ASAP
Atos Bulwell	NG6 8UY	ASAP
Atos Experian	NG80 1DP	ASAP
Hesketh House	FY7 8LG	ASAP
HRA Manchester	M1 3DZ	ASAP
HRA Newcastle	NE2 4NQ	ASAP
HRA Nottingham	NG1 6FS	ASAP
HRA Whitefriars	BS1 2NT	ASAP
Premier House	RG1 7EB	ASAP
Quarry House	LS2 7UE	ASAP
Rutland House	WA7 2ES	ASAP
Skipton House	SE1 6LH	ASAP
Townley House	BB11 1BJ	ASAP

(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.

BTNTSV00296

Supplier Representative

The name of the Supplier point of contact for this requirement

██████████

Supplier's Representative

The contact details of the Supplier's representative

██████████

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.

BT Regional Sales Director, c/o BT Frameworks Helpdesk ██████████ or ██████████

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

The Service Description, Conditions on the Customer, Outline Implementation Plan & Service Level Agreement applicable to the delivery of the Service and the associated pricing are as set out in the Supplier's SSO (standard service offer) with reference code RM1045-L1-BT0086-A_SSO (RM1045-L1-BT0086-A_Price Card).

Name	[REDACTED]
Job role/title	[REDACTED]
Signature	[REDACTED]
Date of dispatch	[REDACTED]

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.

For and on behalf of the Supplier

Name	[REDACTED]
Job role/title	[REDACTED]
Signature	[REDACTED]
Date	[REDACTED]