



Ministry
of Defence



ABEO: Improved Rocket Propelled Grenade Protection Post Design Services

Non-Core Service Tasking Form

Issue:	Version 1.0
Issue Date:	5 th December 2016
Number of Pages:	13
PMVP File Reference:	PMVP/00006

THIS DOCUMENT IS THE PROPERTY OF HER BRITANNIC MAJESTY'S GOVERNMENT, and is issued for the information of such persons only as need to know its contents in the course of their official duties. Any person finding this Document should hand it to a British forces unit or to a police station for its safe return to the MINISTRY OF DEFENCE, D Def Sy, Main Building, Whitehall, LONDON SW1A 2HB, with particulars of how it was found. THE UNAUTHORIZED RETENTION OR DESTRUCTION OF THE Document MAY BE AN OFFENCE UNDER THE OFFICIAL SECRETS ACTS 1911-89. (When released to persons outside Government service, this Document is issued on a personal basis. The recipient to whom it is entrusted in confidence, within the provisions of the Official Secret Acts 1911-89, is personally responsible for its safe custody and for seeing that its contents are disclosed only to authorized persons.)

Protected Mobility Vehicle Programme
Defence Equipment and Support
Spruce 2A #1309
MoD Abbey Wood South
Bristol
BS34 8JH

PART 1 - REQUEST FOR A QUOTATION

1.	To:	From:						
	AmSafe Bridport Ltd The Court, West Street, Bridport, Dorset, DT6 3QU	Protected Mobility Vehicle Programme Defence Equipment and Support Spruce 2a, #1309 MOD Abbey Wood South, Bristol, BS34 8JH						
2.	Contract No:	PMVP/00006	Task No:	PMVP/00006/____	Task Sponsor			
	Task Title							
	Platform							
	Priority	Standard /High (delete as appropriate)						
3.	The Contractor is requested to provide a Firm Price Quotation for the activity detailed below:							
	Category							
	SAFETY <input type="checkbox"/>	LEGAL <input type="checkbox"/>	OBS <input type="checkbox"/>	INVESTIGN <input type="checkbox"/>	CONFIGN <input type="checkbox"/>	RAMD <input type="checkbox"/>	OR <input type="checkbox"/>	CAPA <input type="checkbox"/>
	A. Description and Scope of Task:							
	B. Supporting Evidence: Copies of the following are attached:							
	EFRs	USER REQUIREMENT	CASSANDRA REPORT	GEM	SPARES USAGE DATA	FORM 10 AESP	OBSOLESCENCE REPORT	OTHER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OTHER:							
	C. Output Required:							

INVESTIGATION REPORT	FEASIBILITY STUDY REPORT	MODIFICATION DESIGN	AESP	SAFETY CASE	OTHER
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER [TRIALS, PROTOTYPES ETC]:					
D. <u>Acceptance Criteria:</u>					
E. <u>Target Date for Completion of Work:</u>					
F. <u>GFE Requirements (Attach separate sheet if applicable):</u>					
No	Description	Due Date			
G. <u>Safety:</u>					
If this task results in a modification or change to the configuration of the equipment that effects the operational safety, the Contractor, shall provide the PDS manager and PMVP Safety Engineer with:-					
<ul style="list-style-type: none"> a) A statement declaring that the operational safety of the equipment complies with statutory safety requirements; b) Where hazards have been identified, Hazard Identification Form(s) giving details of the hazard and the action implemented to eliminate, prevent, control, detect or mitigate the hazard. 					
H. <u>Additional Quality Assurance & Technical Standards Applicable to this Task:</u>					
<input type="checkbox"/> No additional QA or Technical standard apply <input type="checkbox"/> The following additional QA and/or Technical standards apply:					
4.	<u>Security Classification of Task:</u>				
5.	<u>Date:</u>				

6.	The Authority authorises the Contractor to complete Part 2 (Firm Price Quotation):		
	Signed	(PMVP PDS Manager)	Tel:
	Name	(Block Capitals)	Date:
	Signed	(PMVP QA Representative)	Tel:
	Name	(Block Capitals)	Date:
			Not Applicable <input type="checkbox"/>
			PMVP PDS Manager Initials
	Signed	(PMVP SE Representative)	Tel:
	Name	(Block Capitals)	Date:
			Not Applicable <input type="checkbox"/>
			PMVP PDS Manager Initials
	Signed	(PMVP Commercial Officer)	Tel:
	Name	(Block Capitals)	Date:

Ministry of Defence

DEFFORM 315 - CONTRACT DATA REQUIREMENT

1. <u>ITT/Contract Number</u> PMVP/00006	2. <u>CDR Number</u>	3. <u>Data Category</u>	4. <u>Contract Delivery Date</u>
5. <u>Equipment/Equipment Subsystem Description</u>		6. <u>General Description of Data Deliverable</u>	
7. <u>Purpose for which data is required</u>		8. <u>Intellectual Property Rights</u> a. <u>Applicable DEFCONs</u> b. <u>Special IP Conditions</u>	
9. <u>Update/Further Submission Requirements</u>			
10. <u>Medium of Delivery</u>		11. <u>Number of Copies</u>	

Part 2 – FIRM PRICE QUOTATION

1.	To: Protected Mobility Vehicle Programme Defence Equipment and Support Spruce 2a, #1309, MOD Abbey Wood South, Bristol, BS34 8JH	From: AmSafe Bridport Ltd The Court, West Street, Bridport, Dorset, DT6 3QU	
<p>A quotation is provided in Section 4 below in respect of Tasking No PMVP/00006/___ on the basis of current programme planning the resources defined in Section 4 are available for the period shown without conflict with existing commitments and your Task can be undertaken. <u>This is a Firm Price.</u></p>			
Signed:		Name:	
		(Block Capitals)	
Date:			
2.	Contract No: PMVP/00006	Task No: PMVP/00006/___	
3.	Assumed Start Date:	Completion Date:	
4.	Cost	Totals	
a.	Direct Labour:		
	Grade	Hours	
		Rate	
		£.....	
		£.....	
		£.....	
		£.....	
		£.....	
	Direct labour sub-total:		£
b.	Subsistence:		
	Item	Cost	
	e.g. flights	£.....	
	e.g. hotel	£.....	
	Etc.	£.....	
		£.....	
	Material/Subsistence sub-total:		£
c.	Bought out parts:		
	Item	Cost	
		£.....	
		£.....	
		£.....	
	Bought out parts sub-total:		£
d.	Sub-contracted work:		
	Contractor name:		
	Item	Cost	
	e.g. labour	£.....	
	e.g. material	£.....	
	e.g. subsistence (flights)	£.....	
	Etc.	£.....	
	Contractor name:		
	Item	Cost	
		£.....	
	Subcontracted work sub-total:		£
e.	Overheads @ [REDACTED] (in relation to items b-d only)		
		£	
f.	Profit @ [REDACTED] (in respect of items b-e only)		
		£	

g.	TOTAL FIRM PRICE (Ex VAT) (Price is not subject to any variation)	£
5.	Outline of Work to be Completed: [Please outline here how the work will be completed to fulfil the scope of the task, along with a schedule. If required, attach as an annex and add onto section 6 below]	
6.	Please list below any documents that are annexed to this tasking form:	
	Annex	Name
	A	Brief Description
	B	
	Etc.	

7.	Affect on Capability Performance	
8.	Risks and Risk Management	
	Describe and quantify (e.g. HIGH, MEDIUM, LOW) any foreseeable risks either technical, commercial, financial, programme or otherwise that could affect cost, deliveries, installation etc. and how these will be managed.	
	Risk Description	High, Medium or Low
		Mitigation

Identify areas that have and will be affected and if this change has been carried out as part of the scope of work.			
Area Affected	Affected: Yes/No	Included in Scope: Yes/No	Comments
Installation Interchangeability			
Functional Interchangeability			
Spares			
Reliability			
Availability			
Maintainability			
Maintenance schedules			
Repair procedures			
Storage			
Packaging			
Codification			
Tools			
Test Equipment Hardware			
Test Equipment Software			
Operational Software			
Diagnostic software			
Training material			
safety			
Equipment Life/Strength			

Identify areas that have and will be affected and if this change has been carried out as part of the scope of work.			
Area Affected	Affected: Yes/No	Included in Scope: Yes/No	Comments
Weight			
MoD Strike			
Technical Publications			
Specifications			
Design Drawings			
Capability/performance			
HMI			
GFE			
Other supply items			
Environmental Impact			
Protection			
Quality			
Requirements			

Copies to: PMVP Commercial Officer, PMVP PDS Manager and PMVP QA Representative

PART 3 - CUSTOMER AUTHORISATION

1.	To:	From:
	AmSafe Bridport The Court, West Street, Bridport, Dorset, DT6 3QU	Protected Mobility Vehicle Programme Defence Equipment and Support Spruce 2a, #1309, MOD Abbey Wood South, Bristol, BS34 8JH
2.	Contract No: PMVP/00006	Task No: PMVP/00006/___
3.	To be completed by PMVP PDS Manager:	
	a. I can confirm that:	
	<ul style="list-style-type: none"> i. The man hours effort, material and sub-contractor costs detailed within the Contractor quotation as at Section 2 are commensurate with the work involved. ii. All GFE required in support of this task, as detailed at Box 3c of Section 1 will be made available to the Contractor within the required timescales. iii. The Target date for completion of the task is acceptable. iv. An RCA/RFA number has been raised for authorisation. 	
	b. I can confirm that Task PMVP/00006/___ has been authorised.	
	Signed (PMVP PDS Manager) Name (Block Capitals)	Tel: Date:
	To be completed by PMVP QA Representative:	
	I am content with the proposed QA and Technical Standards to be applied to the task.	
	Signed (PMVP QA Representative) Name (Block Capitals)	Tel: Date: <div style="text-align: right; margin-top: 10px;"> Not Applicable (see Part 1) <input type="checkbox"/> PMVP PDS Manager Initials </div>
	To be completed by PMVP Commercial:	
	I can confirm that:	
	<ul style="list-style-type: none"> i. PMVP/00006/___ has been approved at a Firm Price of £..... ii. The RCA/RFA number has been authorised. 	
	Payment Terms shall be as follows (Tick appropriate box):	
	Payment on satisfactory completion of all work in accordance with the agreed acceptance criteria detailed at Section 1.	<input type="checkbox"/> Stage Payments (as attached)
	Signed (Commercial Officer)	Tel:

	Name (Block Capitals)	Date:
4.	Please confirm receipt of this Task Authorisation. Once you have confirmed receipt, you should proceed with performance of the Task.	

**PART 4 - TASK ACCEPTANCE, DOCUMENTATION CHANGE DETAILS
AND CLOSURE FORM**

1.	To:	From:		
	Protected Mobility Vehicle Programme Defence Equipment and Support Spruce 2a, #1309, MOD Abbey Wood South, Bristol, BS34 8JH	AmSafe Bridport Ltd The Court, West Street, Bridport, Dorset, DT6 3QU		
2.	Contract No:	PMVP/00006	Task No:	PMVP/00006/_ _ _
To be completed by the Contractor:				
3.	#	Acceptance Criteria	Criteria Compliance offered	Evidence Supplied Y/N
	1			
	2			
	3			
	4			
	5			
	6			
4.	Document Title	Description of change	Updated version	Date Update
	<i>AESPs</i>			
	<i>Safety Case</i>			
	<i>Training Pubs</i>			
	<i>Blast certification</i>			
	<i>Cat 5 certification</i>			
	<i>Drawings</i>			
	<i>Etc...</i>			
5.	I can confirm that Task PMVP/00006/_ _ _ is completed in its totality.			
	Name:	Position:	Signature:	Date
6.	To be completed by the PMVP PDS Manager:			
	I am content Task PMVP/00006/_ _ _ is complete and can be closed down. I can confirm that all deliverables have been received, that all payments have been made and, where appropriate, all GFE has been returned to the Authority.			
	Name:	Position:	Signature:	Date

Copies to: PMVP PDS Manager and PMVP Commercial Officer

TASKING PROCESS

1. The Authority shall identify a requirement from information received from various sources, e.g. Land, the Field Army, Defence Equipment & Support (DE&S) or the Design Authority (DA).
2. Where there is a requirement for tasking activity the Authority's PDS Manager shall complete the Tasking Form (TF) Part 1 – Request for Quotation, which shall include:
 - a. Description/Scope of Work
 - b. Any Supporting evidence
 - c. Output required including deliverables
 - d. Target Date for completion of Work
 - e. Quality Assurance and technical standards
 - f. Acceptance Criteria
 - g. Any Government Furnished Equipment (GFE)
 - h. Any Safety Requirements
 - i. Any additional Quality Assurance Requirements
3. The Authority shall allocate the task with a Contract specific task number completing Section 1 – Requirement, which shall be issued to the Contractor via the Authority's Commercial Branch.
4. The PDS Manager shall complete a DEFFORM 315 – Contract Data Requirement (CDR) for all tasks generating a data deliverable. This will be issued with the TF Part 1 and will be included in the Contract at Annex K CDR List, at the next amendment.
5. Within ten (10) working days of receiving the completed Part 1 of the TF from the Authority, the Contractor shall submit a cost proposal using the TF Part 2 – Firm Price Quotation. This shall identify:
 - a. Timescales to complete, including Work Breakdown Schedule
 - b. Breakdown of costs including rates, hours, materials and sub-contracts.
 - c. Outline of work to be completed, and where applicable provision of ROM Costs for any modification kits, parts, retrofit, or other deliverables as defined, which will be agreed (or not) by the Authority.
 - d. A Statement on the affect on Capability Performance.
 - e. Risks and Mitigation.
 - f. Identification of area's affected.

No work shall be undertaken by the Contractor in anticipation of a task being approved by the Authority's Commercial Branch.

6. Following the receipt of the TF Part 2 and within ten (10) working days, the Authority's PDS Manager will review the Contractor's proposal ensuring that the Scope of Task fully meets the Authority's requirement.
7. The PDS Manager shall confirm acceptance of the proposed task by completing Sections 1, 2 and 3 a-b of the TF Part 3 – Customer Authorisation. If applicable the PDS Manager shall then submit Part 3 to both the PMVP Quality Assurance (QA) and Safety Representatives. The TF Part 3 will then be submitted to the Commercial Branch.
8. PMVP Commercial shall review the cost breakdowns and, if acceptable, complete Section 3.e. and issue to the Contractor to proceed with the task.
9. PMVP Commercial shall issue an amendment to the Contract to include approved tasks within the Annex C Approved Task List and also the relevant CDR, if applicable (see para 4 above). Amendments will be issued on a periodic basis, however, the Authority will endeavour to group tasks together on a single amendment when possible in order to reduce the administrative burden.
10. The Contractor's progress against the task shall be monitored by the PDS Manager and more formally recorded as part of the Progress Reports.
11. Upon Completion of the task the Contractor shall complete the TF Part 4 boxes 2, 3 and 4 confirming compliance against the agreed Acceptance Criteria as stated at Part 1 of the TF and where appropriate providing supporting evidence of their compliance.
12. The PDS Manager shall evaluate the evidence provided against the work completed and once content shall sign the TF Part 4 box 5.
13. Subject to satisfactory completion of the task the Authority's PDS Manager shall authorise payment in accordance with the terms of the Contract (See Para 9 for further information).