



706125450 SRMLU Assessment Phase

ANNEX I TASK APPROVAL FORM

TASK APPROVAL FORM

Contractor:	TMS Delivery Team	Contract No.
TBA	Fir 3c, #4316	706125450
	DE&S MoD Abbey Wood	
	Bristol	
	BS34 8JH	

PART 1 - DESCRIPTION OF TASK

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TAF N	o: XX TASK:		
a.	BACKGROUND		
b.	DESCRIPTION OF REQUIREMEN	т	
C.	DELIVERABLES / MILESTONES		
No.	Description	Acceptance Criteria	Deliverable / MS Due date
1			
3			
d.	GOVERNMENT FURNISHED ASS	ETS	
No.	Description		Availability (Y or N)
1			
3			+
e.	SUPPORTING REFERENCES OR	ATTACHMENTS	
f.	START DATE		
g.	ADDITIONAL QUALITY AND / OR	SECURITY REQUIREMENTS	
h.	COMPLETION DATE		
ORIGI	NATOR'S SIGNATURE:	APPOINTMENT:	DATE:

PART 2 - CONTRACTOR'S QUOTATION

Please complete and submit the Cost Breakdown and further itemised details in accordance with Condition 51 and the notes to Part 2 below. If line items below are not appropriate state N/A (Not Applicable).

TAF N	o: XX TASK:	
a.	Contractor's Pricing Proposal:	
	Labour: hours, totalling: Material costs: Sub-Contract and Bought Out Parts: Travel and Subsistence: Tier 2 O/head (% Contract Rate applied) Profit (% Contract Profit Rate applied):	£ £ £ £
	Total Firm Price:	£
	Profit Calculation (4-Step)	:
b.	SUB-CONTRACTORS	
c.	PROGRAMME SCHEDULE	
d.	STATEMENT OF WORK	
e.	GFA REQUIRED	
f.	RISKS	
g.	OPPORTUNITIES	
h.	VALIDITY	

The above Price is submitted by:

Signature:

Name:

Appointment:

Date:

Quotation Expiry Date:

Notes to Part 2:

- (1) The Contractor must include with his proposal completed versions of the following documents:
 - (i) <u>Annex I Appendix A Baseline Deliverables Performance Tracker</u>
 - (ii) Annex I Appendix B Deliverables and Acceptance List
 - (iii) Annex I Appendix C Milestone Payment Plan

- (2) The Contractor must include with his proposal a full breakdown of the materials required and supporting cost evidence
- (3) The Contractor must include with his proposal a full breakdown of the proposed travel and subsistence costs
- (4) The Contractor must provide a labour breakdown for the TAF in accordance with Annex C to the Contract.
- (5) Where sub-contract is required, the Contractor must include copies of the sub-contract proposal
- (6) The Profit Rate applied to each Tasking Approval Form will be in line with the Baseline Profit Rate and other profit rate adjustments (4-Step) applicable at the time of agreeing the TAF. The profit rate agreed for the TAF will be recorded in the Annex H TAF Register.
- (7) The Authority requires a minimum period of validity of thirty (30) Business Days

OFFICIAL-SENSITIVE COMMERCIAL

Labour Breakdown (In accordance with Annex C and Note 4)

Resource	No Hours		Activity Description & Resource Allocated	Deliverable / Work Package
Level/ Grade		VAT)		Reference
1				
2				
3				
4				
5				
Manufacturing				

Additional Costs	Quantity	Cost (Ex VAT)	Description & Breakdown of Resource	
Materials				
Expenses				
Sub-Contractors				
Transport				
Technical				
Contingency				

T&S Breakdown

Expense	Cost	No.	Comments and additional notes	
Mileage	£			
Hire Car	£per day per car			
Accommodation	£per night per person			
Flights	Economy/Standard			
Rail	Economy/Standard			
Subsistence				

PART 3 - MoD AUTHORISATION

The Contractor is duly authorised to carry out the work as detailed at Part 1, for the Price shown below:

	TASK No.	CONT	RACT ITEM No.	PRICE (ex VAT)
Project Branch Approval:	Signature:			
	Name:			
	Appointment:			
	Telephone No:			
	Date:			
Finance Branch Approval:	Signature:			
	Name:			
	Appointment:			
	Telepho	one No:		
	Date:			
_				
Commercial	Sig	nature:		
Branch Approval:		Name:		
	Appoi Telepho Email a	ntment: one No: ddress:		
	CP&F Or	Date: der No:		

DISTRIBUTION:

PART 4 - COMPLETION OF THE TASK

To be completed by the Contractor

Defence Equipment Support TMS Delivery Team Fir 3C #4316 MOD Abbey Wood Bristol BS34 8JH
Task and all its deliverables have been completed on
Name:
Signed:
Date:
CP&F Invoice Number:
PART 5 – Receipt and Task completion
To be completed by the Authority
I certify the Task has been completed and the Contractor is now permitted to submit a claim for payment in accordance with the terms and conditions of the Contract.
Name:
Signed:
Date:
CP&F Receipt Number: