

TASK ORDER REQUEST FORM

Complete all applicable sections and e-mail to: doataskorders@alaska.gov

REQUESTING AGENCY INFORMATION

Department: --SELECT--
 Division/Section: _____
 Billing Contact: _____ Ph #: _____ E-mail: _____
 CC / LC: _____

TASK ORDER INFORMATION

Solicitation Type: **Best Value** **Low Price**
Cost Type: **Fixed Fee** **Time & Materials: REQUIRED** est # of hours
Response Deadline:
All TOPS Requests will be in circulation for a minimum of 5 business days.

Project Title: _____
 Project Manager _____ Ph #: _____ E-mail: _____
 Category: --SELECT--
 Start Date: _____ Project Estimate: \$ _____ **NTE**
 End Date: _____
 Location of Work: _____ **No Preference**

IT STANDARDS

All work on any contract awarded as a result of this Task Order must be in compliance with state and federal requirements, including but not limited to the state information technology and telecommunication security policies and Technology Management Council (TMC) standards.

The State telecommunication and information technology security policies can be located at:
security.alaska.gov

The TMC standards can be located at:
www.state.ak.us/local/akpages/ADMIN/info/plan/standards.shtml

Both can be downloaded by any authenticated state employee.

DEPARTMENT APPROVAL

I, APPROVER'S NAME, represent that I am authorized to and do bind the Department to this request and certify that this Task Order is in compliance with the Department's IT Plan, the Statewide IT Plan and the IT Standards, and is in the best interest of the state.

BACKGROUND

SCOPE / STATEMENT OF WORK

SPECIAL EXPERTISE & EXPERIENCE

SPECIAL CONSIDERATIONS OR CONSTRAINTS

TASK ORDER REQUEST FORM INSTRUCTIONS

PRELIMINARY QUESTIONS

- | | | |
|---|-------------------------------------|------------------------------------|
| Is this a new Task Order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has this specific request been through Task Order/TOPS before? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there a TOPS vendor with proprietary information related to this Task Order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this a multiple phase project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

HEADER INFORMATION

The Task Order # will be assigned by the Task Order Manager. Please do not otherwise assign your own number to this form.

REQUESTING AGENCY INFORMATION

Enter agency-specific information as required.

1. Department: Select your department from the dropdown box.
2. Division/Section: Your division and section names.
3. Billing Contact: The name and contact info that invoices related to this Task Order will go to.
4. CC/LC: The collocation/ledger code that the task order will be billed against.

TASK ORDER INFORMATION

Enter information regarding this task order.

1. Solicitation Type: Select which solicitation method to use for this Task Order.
 - **Best Value** will be awarded to the responsive and responsible vendor with the most advantageous response, considering project approach and risk assessment, experience and qualifications, Past Performance Information (PPI), and cost. Each of these four evaluation criteria are weighted equally at 25%.
 - **Low Price** will be awarded to the responsive and responsible vendor with the lowest price after the price has been reduced by a percentage equal to the vendor's PPI score for evaluation purposes. Response Forms are required under this Solicitation Type.
2. Cost Type: Flat Fixed Fee or Time & Materials. If Time & Materials, must enter estimated number of hours needed. This will be used by the vendors in their Cost Proposal.
3. Response Deadline: All TOPS Requests will be circulated for a minimum of 5 business days. This is a minimum and a later date may be entered.
4. Project Manager: Enter the agency Project Manager name and phone number. This will be the point of contact for all project-specific inquiries.
5. Category: Select the Category number that this Task Order generally falls into.
6. Start/End Dates: Enter the anticipated start and end dates for the Task Order.
7. Project Estimate: Enter the estimated cost of the project. If "NTE" (Not to Exceed) is checked, any cost proposals above this amount will be rejected.
8. Location of Work: Indicate where work should take place. Check "No Preference" if remote work is allowable. All work must be performed within the United States or Canada.

VENDOR SELECTION

ALL TOPS Requests will be submitted to all vendors in the TOPS Vendor Pool.

DEPARTMENT APPROVAL

Indicate your department's approval (IT, fiscal, and procurement) by entering the final approver's name and checking the box. **It is your agency's responsibility to ensure all internal approvals are obtained prior to submitting this form to the Task Order Manager.** Neither the Task Order Manager nor the Department of Administration assume any responsibility for an agency's failure to obtain proper internal approval.