**REQUEST FOR QUOTE FROM DIGITAL SERVICE PROFESSIONALS**

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| 1. | Specialist Services Deed SON Number | **SON3364729** |
| 2. | Agency reference number | *[specify]* |
| 3. | Service Provider (You)  Name of contact person:  Contact details: *Email and phone*  ABN: | *[Insert service provider's name]* |
| 4. | Agency name:  Agency contact officer:  Agency contact details:  Agency ABN: | *[specify]* |
| 5. | Services Start Date | *[specify]* |
| 6. | Order Period | *[specify initial period eg 6 weeks]* |
| 7. | Extension options | *[specify extension options eg further periods of 4 weeks as notified in writing by the Agency]* |
| 8. | Category of Service | *[specify]* |
| 9. | Deliverables to be provided as part of the Services | *[Specify Deliverables to be produced as part of the Services. Specify content and quality requirements]* |
| 10. | Performance Criteria | *[Specify the Performance Criteria by which the Services will be measured eg Acceptance by the Agency of the Deliverables, approval by the Agency that the Personnel provided meet the skill set specified for them. Specify how the Performance Criteria will be measured and how often eg by the Agency by written notice to the service provider (You) within 5 days of the beginning of each calendar month during the Order period.]* |
| 11. | Service Provider response to Requirements | *[200 words limit]* |
| 12. | Evaluation Criteria | *[Specify minimum 3 criteria]* |
| 13. | Service Provider Response to Evaluation Criteria | *[100 words limit per criteria]* |
| 14. | Service Charges (and any approved expenses) | *[Specify the amount of Service Charges to be paid, and how it will be paid eg in arrears and subject to the provision of a correctly rendered tax invoice and compliance with the applicable Performance Criteria]* ***[we assume no service rebate formula will be used]*** |
| 15. | Details or pre-Existing Material of the Agency | *[specify]* |
| 16. | Security requirements | *[Specify any specific security requirements known at the outset of the Order]* |
| 17. | Specified Personnel | *[Specify each person who is a Specified Personnel and the skill set they are to provide]* |
| 18. | Subcontractors | *[Specify any approved subcontractors]* |
| 19. | Liability Cap | *[Specify any liability cap agreed for the Order, based on the Agency's risk assessment]* |
| 20. | Confidential Information | *[Specify]* |
| 21. | Other e.g meeting attendance and reporting, certification to be held by personnel. | *[Specify any additional requirements for the Services eg additional insurance]* |