Agency Name:

Agency Address:

RFP Title: Call/Contact Center Services 2025

Contract Manager: Ansonia Saunders Phone Number: 410-260-7430

Task Order Manger: Phone Number:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| TASK ORDER | | |  |  | | | Task Order # | | | | | | | Contract # | | |
|  | | | | | | | **BPO001B3600088** | | |
| This Task Order is issued under the provisions of a Contract. The services authorized are within the scope of services set forth in the *Purpose* of the Task Order. | | | | | | | | | | | | | | | | |
| Purpose | | | | | | | | | | | | | | | | |
| Statement of Work  Requirements:  Deliverable(s), Acceptance Criteria and Due Date(s):  Deliverables are subject to review and approval prior to payment.  *(Attach additional sheets if necessary)*  Service Level Performance Goals & Metrics (*if applicable*):  (*Attach Service Level Metrics Form)* | | | | | | | | | | | | | | | | |
| Start Date | |  | | | | End Date | | | | | |  | | | | |
| Cost | | | | | | | | | | | | | | | | |
|  | Description for Task / Deliverables | | | | | | | Quantity  (if applicable) | | Hours | | | Rate | | Estimate Total | |
| 1. |  | | | | | | |  | |  | | | $ | | $ | |
| 2. |  | | | | | | |  | |  | | | $ | | $ | |
| \*Include WBS, schedule and response to requirements. | | | | | | | | <<Department ACRONYM>> shall pay an amount not to exceed | | | | | | | **$** | |
|  | | | | | | | | | | | | | | | | |
| Contractor | | | | | | |  | DoIT Approval | | | | | | | | |
| (Signature) Contractor Authorized Representative (Date) | | | | | | | (Signature) Contract Manager (Date) | | | | | | | | |
| POC | | (Print Name) | | | | | Contract Manager | | | (Print Name) | | | | | |
| Telephone No. | |  | | | | | Telephone No. | | |  | | | | | |
| E-mail: | |  | | | | |  | E-mail: | | |  | | | | | |
|  | |  | | | | |  |  | | |  | | | | | |
| Agency Approval | | | | | | | | | | |
| (Signature) Task Order Manager (Date) | | | | | | | | | | |
| Task Order Manager | | | | (Print Name) | | | | | | |
| Telephone No. | | | |  | | | | | | |
| E-mail: | | | |  | | | | | | |