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 WorkRequirements: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: |  |