Louisiana Office of Technology Services
Network Services/Telecommunications Project Request Form OTS-16

If possible, please use the Network Project Request offering available through the OTS Ivanti Service Catalog in the OTS Customer Self-Service Ticketing Portal. Project requests submitted by email by agencies with portal access may be returned to the agency.

Billing Information

NCS Account Unit (for telecom)

LaGov Cost Center

Is this an OSB Project?

☐ No
☐ Yes

If yes:

OSB Contact Name

OSB ISIS Cost Center

OSB Contact Email

Which costs should be charged to OSB?

Agency Information

Agency

Section　☐ Section Not Applicable

Unit　☐ Unit Not Applicable

TC Approval

Main Telephone Number

Current Address

City

Zip

Louisiana Office of Technology Services
Network Services/Telecommunications Project Request Form OTS-16

Project Details

Project Scope

☐ Need Budgetary Info Only
☐ Ready to Implement (after quote approval)

Desired Due Date

Projects that require installation of new telecommunications services in fewer than 60 days may incur vendor expedite fees. Accept expedite fees?
☐ Yes
☐ N/A

Project Summary

Please include a description of the desired outcome of your project request so we may further assist you.

Purpose

☐ Office Relocation

New Address

New City

New ZIP

Anticipated Occupancy Date

☐ System Evaluation / Upgrade / Replacement

☐ Service Expansion

☐ Wiring / Cable

Is this for a newly constructed building or renovation of existing building?
☐ Newly Constructed
☐ Existing Renovation

Is this a leased building?
☐ No
☐ Yes

Is wiring include in Capital Outlay?   A complete lease agreement is not necessary to begin the project, but will
☐ No   be required before certain services can be ordered.
☐ Yes
☐ N/A

Is wiring include in the lease   Please attach a copy of the telecommunications section of the lease
specifications (RL2)?   agreement.
☐ No
☐ Yes
☐ N/A

Please select all that apply
☐ Multi-building *(campus)*
☐ Multi-floor

Is outside wiring needed?
☐ No
☐ Yes

Does the project require installation / modification of more than 25 inside cable drops?
☐ No
☐ Yes

☐ Recurring cost for budget year
Please specify budget year

Services / Technologies Requested

☐ Voice Communications (telephone systems and services)

☐ Key System
Existing Key System

Number of Key System end users

Existing Voice Service

Existing Number of End Users

☐ PBX System
Existing PBX System

Number of PBX end users

Existing Voice Service

Existing Number of End Users

☐ Hosted Voice Service (HVS) *If HVS is selected here, please also select Data Communications/Local Area Network*

Is the agency currently using OTS HVS service at this or other locations?
☐ No
☐ Yes

Number of existing end users

Louisiana Office of Technology Services
Network Services/Telecommunications Project Request Form OTS-16

☐ Centrex

Number of Centrex end users

☐ Overhead Paging

Existing Paging System

☐ PRI

Existing Service

Existing Number of End Users

☐ SIP

Existing Service

Existing Number of End Users

☐ ACD/Contact Center

☐ Other Option   Please specify voice request

☐ Data Communications *(network connectivity, Internet)*

    ☐ Local Area Network *(workstations, printers, IP cameras, Wi-Fi, etc.) **Required for HVS.***

How many wired connections are needed?

Wi-Fi is included with Local Area Network service.

☐ Internet Connectivity

☐ Agency Connectivity *(Data Center / Other Sites)*

☐ Other Option   Please specify data request

Additional Project Details

General Attachments

Please attach floor plans along with any relevant documents.

Louisiana Office of Technology Services
Network Services/Telecommunications Project Request Form OTS-16

Project Contacts

Voice Communications

Agency's Voice Contact Name

```
[                                                                    ]
```

Agency's Voice Contact Email

```
[                                                                    ]
```

Agency's Voice Contact Phone

```
[                                                                    ]
```

Is the previous contact onsite?

☐ No
☐ Yes

If no, complete the following:
Onsite Voice Contact Name

```
[                                                           ]
```

Onsite Voice Contact Email

```
[                                                           ]
```

Onsite Voice Contact Phone

```
[                                                           ]
```

Data Communications

Agency's Data Contact Name

```
[                                                                    ]
```

Agency's Data Contact Email

```
[                                                                    ]
```

Agency's Data Contact Phone

```
[                                                                    ]
```

Is the previous contact onsite?

☐ No
☐ Yes

If no complete the following:
Onsite Data Contact Name

```
[                                                           ]
```

Onsite Data Contact Email

```
[                                                           ]
```

Onsite Data Contact Phone

```
[                                                           ]
```

Louisiana Office of Technology Services
Network Services/Telecommunications Project Request Form OTS-16

Submitter Information

(Person completing this form.)

Name

Email

Phone

Today's date

Only submit this form by email if your agency cannot access the OTS Customer Self-Service Ticketing Portal.

If you can access the OTS Customer Self-Service Ticketing Portal, please use the Network Project Request available in the OTS Ivanti Service Catalog. Refer to Ivanti Self-Service Instructions.

If your agency cannot access the OTS Customer Self-Service Ticketing Portal: Use Acrobat Reader to open and complete the form, then email the completed form to otssupport@la.gov.