

# 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.

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### 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?

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### Agency Information

Agency

Section  Section Not Applicable

Unit  Unit Not Applicable

TC Approval

Main Telephone Number

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Current Address

City

Zip

# Louisiana Office of Technology Services

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### 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?

- No
- Yes
- N/A

A complete lease agreement is not necessary to begin the project, but will be required before certain services can be ordered.

Is wiring include in the lease specifications (RL2)?

- No
- Yes
- N/A

Please attach a copy of the telecommunications section of the lease agreement.

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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

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### 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

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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

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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

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**Additional Project Details**

**General Attachments**

Please attach floor plans along with any relevant documents.

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### 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

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#### 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

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### 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](mailto:otssupport@la.gov).