Instructions for Project Request Form (NS-16)(Rev. 08/23)

This form is used for non-routine telecommunications and network services requests that require more than a typical service order. For a major move or expansion, the request should be sent as soon as the agency is aware that project assistance is needed. Reasons for project requests include, but are not limited to:

- An agency is moving from one location to another, constructing a new building or remodeling
- The telecommunications needs of an agency are no longer being met by its telecommunications system
- The telecommunications system experiences frequent breakdowns or repairs and needs to be replaced
- An agency is expanding in terms of physical site and/or personnel
- An agency is changing its organization such that call coverage changes
- An agency is experiencing a significant increase in incoming and/or outgoing calls
- An agency is looking to make productivity gains or save costs by changing how it uses telecommunications services

For assistance in completing this form, contact both voiceorders@la.gov and networkorders@la.gov.

Note: The preferred method for submitting the NS-16 Project Request Form is through the OTS Customer Self-Service Ticketing Portal. Refer to Instructions: Customer Self-Service Ticketing System for guidance. The portal is only available to certain agencies, primarily executive branch agencies reporting to the governor. All other agencies may email the completed form to both voiceorders@la.gov and networkorders@la.gov.

BILLING INFORMATION

To be completed by the agency TC

OTM GL Agency's general Ledger number. General Ledger Numbers (cost

centers/accounting units) are made up of the region, agency number, and ISIS

org number (ex. B815-3003)

LaGov Cost Center Agency's LaGov cost center. LaGov cost centers are 10 characters (ex.

815T015060)

Is this an OSB Project? Check the appropriate box.

If Yes:

OSB Contact Name Name of the Office of State Buildings contact.

OSB ISIS Cost Center Office of State Buildings ISIS cost center number.

OSB Contact Email Office of State Buildings contact's email.

Which costs should be charged to OSB? Indicate what costs should be charged to the Office of State Buildings.

AGENCY INFORMATION

Agency Name of the agency.

Section Name of the section (if applicable).

Unit Name of the unit (if applicable).

TC Approval Signature of TC for the agency.

Main Telephone No. Agency's main telephone number.

Current Address Agency's current physical address, including the zip code.

PROJECT DETAILS

Project Scope Check the appropriate option.

Desired Due Date Desired due date for the project. Must be at least 30 days from the request date.

Accept Expedite Fees? Projects that require installation of new telecommunications services in fewer

than 60 days may incur vendor expedite fees. Check the appropriate option.

Office Relocation Check if the agency's office is being relocated.

New Address Physical address, including the zip code, where the new system will be located

Anticipated Occupancy Date Anticipated date the agency will be at the new address.

If the agency already occupies the new building, indicate the date occupancy

began.

System Evaluation/Upgrade/Replacement Check if an existing system needs to be evaluated, upgraded, or replaced.

Service Expansion Check if an existing service needs to be expanded.

Wiring/Cable Check if new wiring/cable needs to be installed or if changes need to be made to

existing wiring/cable.

Is This [Wiring/Cable] for a Newly Constructed Building or Renovation of an

Check the appropriate option.

Existing Building?

Is This A Leased Building? Check the appropriate option.

Is Wiring Included In Capital Outlay? Check the appropriate option. A complete lease agreement will be required

before certain services can be ordered.

Please Select All That Apply Check the appropriate option: Multi-building (campus) or Multi-floor.

Is Outside Wiring Needed? Check the appropriate option.

Does the Project Require

Check the appropriate option.

Installation/Modification to More Than 25

Inside Cable Drops?

Recurring Cost for Budget Year Check if requesting a quote for recurring cost(s), and specify the budget year.

SERVICES/TECHNOLOGIES REQUESTED

VOICE COMMUNICATIONS Check if requesting voice communications systems/technologies.

Key System Check if the voice communications system requested is a key system.

If applicable, specify key system currently in use (examples: Executone, Avaya),

and the anticipated number of end users at the project site.

Indicate the current voice service type (analog, business lines, ISDN, PRI, SIP),

and the current number of end users on the existing voice service.

PBX System Check if the voice communications system requested is a PBX system.

If applicable, specify the PBX system currently in use (example: Avaya, Carousel), and the anticipated number of PBX system end users at the project

site.

Indicate the current voice service type (analog, business lines, ISDN, PRI, SIP),

and the current number of end users on the existing voice service.

Hosted Voice Service (HVS) Check if the voice communications service requested is HVS.

Specify if the agency is currently using OTS HVS at this location or other locations, and the anticipated number of end users at the project site.

Centrex Check if the voice communications service requested is Centrex.

Specify the anticipated number of Centrex end users at the project site.

Overhead Paging System Check if the voice communications system requested is an overhead paging

system.

If there is an existing paging system, specify what type.

PRI Check if the voice communications system requested is PRI. Specify if there is an

existing PRI service and the number of existing end users.

SIP Check if the voice communications system requested is SIP. Specify if there is an

existing SIP service and the number of existing end users.

ACD/Contact Center Check if ACD/Contact Center is being requested.

Other Option Check if the requested voice communications system/service is not listed.

Specify the request.

DATA COMMUNICATIONS Check if data communications (network connectivity, Internet) are being

requested.

Local Area Network Check if this is a Local Area Network request (workstations, printers, IP cameras,

Wi-Fi, etc.) Specify how many wired connections are needed.

Internet Connectivity Check if Internet connectivity is being requested.

Agency Connectivity Check if agency internal resources (data center/other sites) are being requested.

Other Option Check if the data request is not listed. Specify the request.

Additional Project Details Describe any additional project details.

General Attachments Indicate what floor plans and relevant documents are included with the request.

PROJECT CONTACTS - VOICE COMMUNICATIONS

Agency's Voice Contact Name Name of the agency's voice contact.

Agency's Voice Contact Email Email of the agency's voice contact.

Agency's Voice Contact Phone Phone number of the agency's voice contact.

Is the previous contact onsite? Check the appropriate option. If no, specify the onsite voice contact's name,

email, and phone number.

PROJECT CONTACTS – DATA COMMUNICATIONS

Agency's Data Contact Name Name of the agency's data contact.

Agency's Data Contact Email Email of the agency's data contact.

Agency's Data Contact Phone Phone number of the agency's data contact.

Is the previous contact onsite? Check the appropriate option. If no, specify the onsite data contact's name, email,

and phone number.

SUBMITTER INFORMATION

Name Name of the person completing the form.

Email Email of the person completing the form.

Phone Phone number of the person completing the form.

Today's Date Date of form completion.

Email the completed form to both voiceorders@la.gov and networkorders@la.gov.