 **networkMaryland Consulting Services Request (CSR)**

*Instructions:*

1. Any current or potential networkMaryland customer that needs specific network support related to the use of networkMaryland services may submit to networkMaryland a Consulting Service Request.
2. Complete the information required for identification of the agency, billing address and contact personnel.
3. Complete the description of the work that is required. Be as detailed as possible. Include specific location information, time constraints and any special circumstances affecting the **priority** of the work required. Attach diagrams and/or spreadsheet as necessary. If assistance is required in developing the scope of work (SOW), the cost of this assitance will be billed to the requestor regardless of whether or not the work is ultimately performed.
4. Submit the completed form to [wanrequest.doit@maryland.gov](mailto:wanrequest.doit@maryland.gov)
5. Your request will be reviewed and a response sent to the email address provided confirming receipt and the identification of the ticket number assigned. If additional information is required, you will be contacted.
6. Upon completion of the review of your requirements an estimate will be provided in writing including the projected hours required and the total estimated cost. If assistance with the SOW is requested, an estimate of those hours will also be provided.
7. The requesting party will provide a fully executed Fund Certification including Fiscal Authority Signature to the address below to confirm acceptance of the cost of the work proposed. Proposal estimates will remain open no longer than 30 days following delivery.
8. Contact Eric Bathras for any questions, 410-697-9395

Mail your Fund Certification form along with a copy of the estimate received to:

networkMaryland (Attention Eric Bathras)

Department of Information Technology

100 Community Place, Crownsville MD 21032 Rm.2.645

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| --- | --- |
| Agency Name: | |
| Billing Address: | |
| Person Authorizing Request: | |
| Phone: | E-mail: |
| Technical Contact(s): | |
| Phone: | E-mail: |
| Billing Contact(s): | |
| Phone: | E-mail: |
| Date Submitted: | Project Name: |

***For networkMaryland™ Use***

|  |  |  |
| --- | --- | --- |
| Date Received: | ServiceNow Ticket #: | Lead Assigned: |
| Scope Assistance Hours: | Total Cost: | CIO Approval:  Y  N |
| Project Hours: | Total Cost: | CIO Approval:  Y  N |

Scope of Work:

Total Firm Fixed Price: $

Or

Time and Material Cost: $

By signing below, we represent that we agree to the scope of work outlined above, agree to the estimate provided for said work, and will pay the agreed upon amounts when invoiced. If scope of work assistance is provided, we agree we will pay for said assistance regardless of whether or not we ultimately decide to pursue the project.

|  |
| --- |
| **Authorized Requesters name and title:** |
| **Authorized Requesters signature and date:** |

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| --- |
| **Authorized Fiscal Officers name and title:** |
| **Authorized Fiscal Officers signature and date:** |