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| **1.0** | **General Information** | | | |
| Complete one intake form per location. Responses are required for all fields in this table. | | | | |
| 1.1 | Organization Name | |  | |
| 1.2 | Why is the service request needed? *(Example: New site, staff relocation, building renovations, adding new staff, in-building expansion to new floor or suite, service upgrade(s), etc.)* | |  | |
| 1.3 | Service Address Location  *(Include street address, suite, city, state, and zip.)* | |  | |
| 1.4 | Is the state of the service address pre-construction, under construction or post construction? If pre-construction or under construction, please let us know when it will be ready for survey. | |  | |
| 1.5 | Are you moving from an existing location?  *(If yes, provide street address, suite, city, state, and zip.)* | |  | |
| 1.6 | **Point of Contact (POC) Role** | **POC Name** | **Phone** | **Email** |
| Customer POC |  |  |  |
| Agency Telecom Coordinator |  |  |  |
| Building Manager |  |  |  |
| DGS Point of Contact |  |  |  |
| 1.7 | When does your organization desire a price quote for the service(s) requested?  *(Example: 60 days from substantial intake submission.)* | |  | |
| 1.8 | When does your organization require service(s) activation?  *(Example: 90 days from payment, specific date, 30 days before specific event, FY2#Q#, etc.)* | |  | |
| 1.9 | Description and scope of services requested. | |  | |

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| **2.0** | **Funding Source Details** | |
| *Please note:*   * *If funding is required, include the source and funding vehicle.* * *If your agency is acquiring or contributing materials and/or services to this effort, please include source, quantities, and model numbers.* | | |
| 2.1 | What fiscal year and quarter will funding be available? (Example: FY2#Q#) |  |
| 2.2 | How will most equipment such as switches, access points and desk phones be funded and who is providing? |  |
| 2.3 | How will trade services such as electrical, HVAC and low voltage cabling to desk and access points be funded? |  |
| 2.4 | How will OCTO professional services such as fiber, rack and equipment installations be funded? |  |
| 2.5 | Will your organization be paying for the monthly fees for any new services provided?  *(If no, please list organization name who will fund monthly recurring costs for new services.)* |  |

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| **3.0** | **Internet, Transport, and Wireless Services** | | |
| *If services are not required, mark answers as N/A.* | | | |
| 3.1 | Internet | Do you need Internet service? If yes, select the bandwidth/speed.  *(None, 50 Mbps, 100 Mbps, 1 Gbps, 2 Gbps, 5 Gbps, 10 Gbps, etc.)* |  |
| How many public IP addresses are needed? (With Internet service, you will need at least one IP address.)  *(Select: 1, 5, 13, or 29 addresses)* |  |
| What handoff type is needed?  *(Select: Single-mode fiber, multi-mode fiber, or copper)* |  |
| 3.2 | Ethernet | Do you need Layer 2 Ethernet transport service? If yes, select the type.  *(Select: E-Line (Point-to-point) or E-LAN (Point-to-multipoint). For more information, see the* [*DC-Net website*](https://dcnet.dc.gov/service/ethernet)*.)* |  |
| What bandwidth/speed do you need?  *(Select: 10 Mbps, 100 Mbps, 500 Mbps, 1Gbps, 10 Gbps)* |  |
| What handoff type is needed?  *(Select: Single-mode fiber, multi-mode fiber, or copper)* |  |
| 3.3 | Wave | Do you need Layer 1 high capacity backhaul?  *(Note: Typically, this will not apply.)* |  |
| 3.4 | Wi-Fi | Is outdoor Wi-Fi service required? If yes, provide a coverage map of the area.  *(This will provide free public Wi-Fi.)* |  |
| Do you require the design and installation services for an indoor Wi-Fi platform? |  |

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| **4.0** | **Hosting Services** | |
| *If data center hosting services are not required, mark answers as N/A.* | | |
| 4.1 | Caged Space |  |
| 4.2 | Cross Connects |  |
| 4.3 | Data Center Access |  |
| 4.4 | Data Center Cabinet/Rack |  |
| 4.5 | Power |  |
| 4.6 | Professional Service |  |

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| **5.0** | **Miscellaneous Services** | |
| *If services are not required, mark answers as N/A.* | | |
| 5.1 | Do you need web conferencing? |  |

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| **6.0** | **Equipment Environment** | |
| *Please provide available details about existing or future equipment locations, space, power, and cooling needs throughout the building.* | | |
| 6.1 | Please share the floor and room number of each associated telecom room for this location.  What are the dimensions of each room?  *(Note: DC-Net requires at least 8’ x 10,’ but may require more space depending on the network requirements.)* |  |
| 6.2 | Each telecom room requires a ground/bus bar. Does each proposed room have an existing ground/bus bar? |  |
| 6.3 | Is there an emergency generator on the premises that can accommodate DC-Net equipment? If yes, does it have spare 30A or 50A breakers? |  |
| 6.4 | Is our standard battery uptime of 1 hour sufficient? If no, explain. |  |
| 6.5 | Each telecom room requires an HVAC system. Does each proposed room have existing HVAC?  *(Note: Customer is responsible to providing sufficient cooling for DC-Net network equipment.)* |  |

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| **7.0** | **Cabling Responsibilities** | |
| *Please provide details about who is responsible for various cabling requirements. For more information about our standards, see* [*Structured Cabling Standards*](https://dcnet.dc.gov/publication/dc-net-structured-cabling-standards)*.*  *If services are not required, mark answers as N/A.* | | |
| 7.1 | Is DC-Net equipment and customer equipment in the same room?  If no, who is responsible for copper or fiber extension from the DC-Net equipment to customer equipment: customer cabling vendor or DC-Net? |  |
| 7.2 | Will DC-Net provide any type of ethernet patching? |  |
| 7.3 | What is the preferred form of handoff (copper or fiber)? |  |

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| **8.0** | **Additional Notes** |
| *Do you have additional information you want to share about your service request?* | |
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