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| GAINSHARE CHANGE PROPOSAL FORM | | | | | | | | | | | | | | | | | | | | | |
| Project Title | |  | | | | | | | Contract Number | | | | | | | | CBRN/00287 | | | | |
| Serial No |  | | | Issue | | | | |  | | | | Date | | | | | |  | | |
| 1.Change Required | | | | | | | | | | | | | | | | | | | | | |
| 2. Equipment/Sub System affected | | | | | | | | | | | | | | | | | | | | | |
| 3. Reason for change: (Change in; requirement, technology, legislation, gainshare etc) | | | | | | | | | | | | | | | | | | | | | |
| 4. Preparation Cost       \*Firm Price | | | | | | |  | | | | | | | | | | | | | | |
| 5. Nature of study to be undertaken (Complete this only if required) | | | | | | | | | | | | | | | | | | | | | |
| Estimated number of weeks for study | | |  | | | \*Firm Price for study | | | | | |  | | | Latest Approval Date | | | | |  | |
| Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contracts Manager for the Contractor  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Manager for the Contractor  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Authority to Proceed with study | | | | | | | | | | | | | | | | | | | | | |
| Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commercial Manager for CBRN DT  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Manager for CBRN DT  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| 6. Result of study and recommended changes, to include study reference: (Complete only if required) | | | | | | | | | | | | | | | | | | | | | |
| 7. Total Value of changes broken down into demonstration, production and CLS | | | | | | | | | | | | | | | | | | | | | |
| Demonstration       \*Firm Price | | | | | Production       \*Firm Price | | | | | | | | | CLS \* Firm Price | | | | | | | |
| 8. Areas of SRD affected: | | | | | | | | | | | | | | | | | | | | | |
| 9. Effect of change on Demonstration and Production including effect on programme or system delivery: | | | | | | | | | | | | | | | | | | | | | |
| 10. Consequential effects of the proposed change on the following: All must be completed | | | | | | | | | | | | | | | | | | | | | |
| System Performance Including Key User Requirements | | | | | | | |  | | | Modification Kits | | | | | | | | | |  |
| System | | | | | | | |  | | | Modelling | | | | | | | | | |  |
| Interface | | | | | | | |  | | | Software | | | | | | | | | |  |
| Weight including Centre of Gravity | | | | | | | |  | | | Items supplied by MOD | | | | | | | | | |  |
| Configuration control | | | | | | | |  | | | Test and Trials | | | | | | | | | |  |
| Interchangeability/Interoperability | | | | | | | |  | | | Maintenance | | | | | | | | | |  |
| Spares | | | | | | | |  | | | NATO Reference No | | | | | | | | | |  |
| Tools and Test Equipment | | | | | | | |  | | | Safety | | | | | | | | | |  |
| Technical Publications | | | | | | | |  | | | Reliability | | | | | | | | | |  |
| Modification Leaflet required | | | | | | | |  | | | Other Contractors | | | | | | | | | |  |
| Test Specifications | | | | | | | |  | | | Post Production Support | | | | | | | | | |  |
| Installation | | | | | | | |  | | | Life Cycle Costs | | | | | | | | | |  |
| Packaging, Handling Storage & Transportation | | | | | | | |  | | | Other (provide details below) | | | | | | | | | |  |
| 11. Additional consequential effects identified as Others above | | | | | | | | | | | | | | | | | | | | | |
| 12. Detail of consequential effects annotated Yes above. If there is insufficient space available in this box please include references to additional documents and attach them to this change proposal form. | | | | | | | | | | | | | | | | | | | | | |
| 13. Details of materials made surplus by this change proposal, include details of cost: | | | | | | | | | | | | | | | | | | | | | |
| 14. Date authorisation required to maintain validity of this Change Proposal | | | | | | | | | | | | | | | | | |  | | | |
| 15. Further remarks/explanation (complete only if necessary) | | | | | | | | | | | | | | | | | | | | | |
| Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contracts Manager for the Contractor  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Manager for the Contractor  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Technical Concurrence:  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Project Manager for CBRN DT  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  | | | | | | | | | | | |
| 16. Remarks | | | | | | | | | | | | | | | | | | | | | |
| 17. Liability Determination CONTRACTOR/MOD/DISPUTED (delete as appropriate) | | | | | | | | | | | | | | | |  | | | | | |
| Contractual Approval:  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Commercial Manager for CBRN DT  Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |  | | | | | | | | | | | |

### REGISTER OF GAINSHARE PROPOSALS

|  |  |  |  |  |  |  |  |  |
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| **PROJECT:** | | | **CONTRACT NUMBER: CBRN/00200** | | | | | |
| Serial No | Issue No | Description of Change Required | | Date Issued | Date Study  Approved | Date Study  Complete | Date of Approval | Value |
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