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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 ContractorDate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Manager for the ContractorDate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 ContractorDate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Manager for the ContractorDate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Technical Concurrence:Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Project Manager for CBRN DTDate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 16. Remarks  |
| 17. Liability Determination CONTRACTOR/MOD/DISPUTED (delete as appropriate) |  |
| Contractual Approval:Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Commercial Manager for CBRN DTDate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

### 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 StudyComplete | Date of Approval | Value |
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