



**Contract Management Guidance – Template #10  
CHANGE CONTROL FORM- Extensions – v. 5**

<b>Contract Name:</b>	Provision of Home Office Employee Assistant Programme	<b>Contract Ref. No.</b>	SB003-4
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<b><u>CLIENT CHANGE NOTICE (CCN)</u></b>	
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Initiated by:	REDACTED	CCN Reference:	SB003
Source of change:	REDACTED	Date CCN Raised by relevant party:	02/08/2017

**STAGE 1 - CLIENT**

Summary of proposals/ requirements :	<p>The current contract is due to expire on the 9<sup>th</sup> September 2017, and the Home Office wishes to input a 6 month technical extension to 8<sup>th</sup> March 2018 valuing £56,000.00 ex.VAT.</p> <p>The Home Office are seeking approval for this technical extension to allow for continuity of service whilst the transition of new contract is concluded via a mini competition call off using the CCS Framework RM3795.</p> <p>The original contract commenced on 9<sup>th</sup> September 2013 for a three year period with a 1 year extension option. The additional extension was utilised and the existing contract expires on the 8<sup>th</sup> September 2017.</p> <p>REDACTED</p> <p>There is a 30-day notice period as part of this extension. If mobilisation is quicker than anticipated, this termination period can be activated during the extension period.</p> <p>Both the Terms and Conditions and the Scope of the required services will remain unchanged.</p>
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Proposed payment:	In line with the Terms and Conditions of Contract
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Required delivery date, with rationale:	<i>In line with the original terms and conditions and the new proposed expiry date of 8<sup>th</sup> March 2018.</i>
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Change authorised to proceed to Stage 2 <b>(Customer organisation representative):</b>	REDACTED	REDACTED	16/08/2017
	Signature	Print Name & Position	Date
Change authorised to proceed to Stage 2 <b>(CCS representative)</b>	REDACTED	REDACTED	04/08/2017
	Signature	Print Name & Position	Date

**STAGE 2 – SUPPLIER**

Comments/ caveats on requested change:

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**ABORTIVE COSTS :**

N/A

Anticipated period from CCN being authorised by client to start of related provision

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OH Assist confirms that the costs identified above are the agreed figures that will be payable on CCN implementation

Signed (**Supplier Representative**):

REDACTED

Print Name & Position:

REDACTED

Date:

21/08/2017



**STAGE 3 – CLARIFICATIONS**

Clarification/ queries to  
to supplier regarding  
their proposals:

Date:

Supplier response

Date:

**STAGE 4 - CUSTOMER CCN SIGN-OFF TO PROCEED TO IMPLEMENTATION**

Variation Withdrawn

By signing below, unless CCN is withdrawn, the Home Office agrees to pay the OH-Assist the costs detailed in Stage 2, by deadlines agreed with the supplier.

Signed  
(Customer  
Representative)

Signature

Print Name & Position

Date

Change  
authorised to  
proceed to  
implementation  
(CCS):

Signature

Print Name & Position

Date

**STAGE 5 - CCN COMPLETION SIGN-OFF**

I confirm that the provision required under the CCN commenced in accordance with the customer requirements and supplier proposals in this CCN.



Date provision required  
under the CCN  
commenced:

Date Signed  
by Customer:

Signed  
(**Customer  
representative**):

Print Name &  
Position