



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

Contract Name:	HOME OFFICE RECRUITMENT SERVICE CONTRACT	Contract Ref. No.	SO18177
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CLIENT CHANGE NOTICE (CCN)

Initiated by:

REDACTED

Category Manager - CCS

CCN Reference:

SO18177-1

Source of change:

REDACTED

Senior Resourcing Lead - Home Office

Date CCN
Raised by
relevant
party:

10/04/17

STAGE 1 - CLIENT

Summary of proposals/
requirements :

Further to the current contract expiry date of 15th June 2017 the Home Office wishes to take up the option of a 3 month time only extension to 15th September 2017 as per the Contract. This is permitted within the Contract Agreement under paragraph 4. The contract allows for further extensions in three monthly increments to a maximum of 24 months total duration.

The original contract commenced on 16th June 2016 and will expire on 15th June 2017.

The contract extension will be in line with the current contract terms and conditions and based upon the initial pricing schedule.

The Total Contract Value is to remain unchanged. The original budget was £840,000.00 exc. VAT per year including the extension option, which totals as £1,680,000.00 exc. VAT for the total contract value.

The Scope of the required services will remain unchanged.

Proposed payment:

In line with the Terms and Conditions of Contract

Required delivery date,
with rationale:

In line with the original terms and conditions and the new proposed expiry date of 15th September 2017



Change authorised to proceed to Stage 2 (Customer organisation representative):	REDACTED Signature	REDACTED Senior resourcing lead Print Name & Position	8/6/17 Date
Change authorised to proceed to Stage 2 (CCS representative)	REDACTED Signature	REDACTED Procurement Specialist Print Name & Position	09/05/17 Date

STAGE 2 – SUPPLIER

Comments/ caveats on requested change:

ABORTIVE COSTS :

N/A

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

Manpower Group Solutions confirms that the costs identified above are the agreed figures that will be payable on CCN implementation

Signed **(Supplier Representative):**

Print Name & Position:

Date:



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Variation Withdrawn

[Yes/No]

By signing below, unless CCN is withdrawn, the Home Office agrees to pay the Manpower Group Solutions the costs detailed in Stage 2, by deadlines agreed with the supplier.

Signed
(**Customer
Representative**)

REDACTED

Signature

REDACTED

Print Name & Position

Date

Change
authorised to
proceed to
implementation
(**CCS**):

REDACTED

Signature

REDACTED

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