



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

Contract Name:	Provision of Occupational Health for DCLG	Contract Ref. No.	RM2149 (581)
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<u>CLIENT CHANGE NOTICE (CCN)</u>
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Initiated by:	REDACTED	CCN Reference:	RM2149 (581)-3
Source of change:	REDACTED	Date CCN Raised by relevant party:	12/09/2017

STAGE 1 - CLIENT

Summary of proposals/ requirements :	<p>The current contract is due to expire on the 3rd October 2017, DCLG wishes to input make a contract technical extension valuing £36,000.00 ex.VAT to extend the contract until the 31st March 2018.</p> <p>REDACTED</p> <p>The Contract Value will be increased by £36,000.00 ex.VAT. The original contract value for the original contract including the 1 year additional extension total £299,717.00 ex.VAT.</p> <p>The total contract value to date, including the new technical extension, will be £335,717.00 ex.VAT.</p> <p>The extension value is in line with PCR regulations as it is below 50% of the original contract value.</p> <p>Once an Implementation Plan is taking effect and the new supplier is ready to commence within 30 days, the incumbent will be provided with 30 days' notice. The incumbent will need to provide the customer with the exit management plan within 5 working days of notice.</p> <p>Both the Terms and Conditions and the Scope of the required services will not change.</p>
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 31st March 2018*

Change authorised to proceed to stage 2 (Customer organisation representative):	REDACTED Signature	REDACTED Print Name & Position	20/9/17
Signature Print Name & Position Date	REDACTED	REDACTED	14/09/17
Change authorised to proceed to Stage 2 (CCS representative)	Signature	Print Name & Position	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

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:	26/9/17.



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, DCLG 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