

Contract Change Note

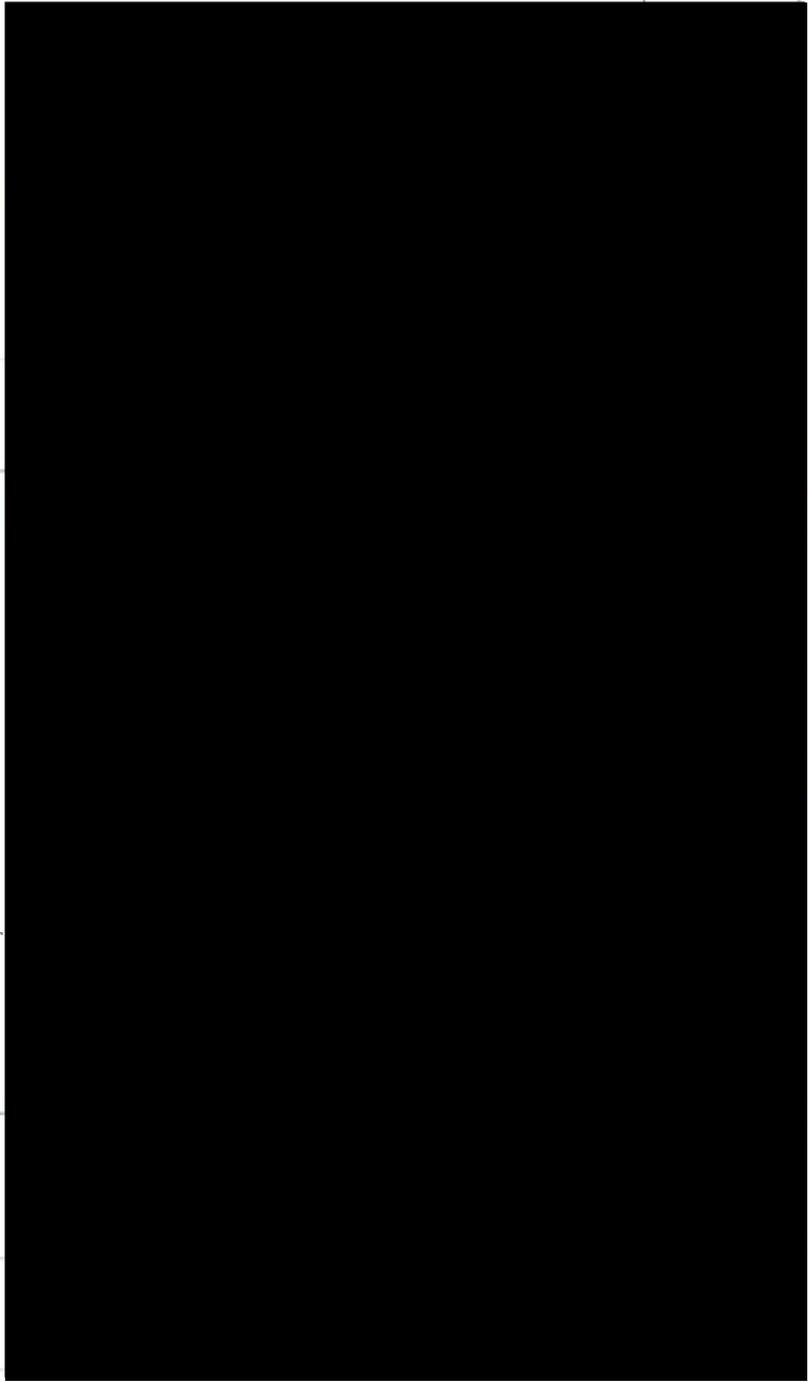
Contract Change Note Number	CCN002
Contract Reference Number & Title	CQC AM 102 – Tell us about Your care Partnership
Variation Title	Extension
Number of Pages	Two

WHEREAS the Contractor 'Disability Rights (UK) Ltd' and the Authority 'Care Quality Commission' entered into a Contract for the supply of 'Tell us about Your Care Partnership' dated 18/12/2016 (the "Original Contract") and now wish to amend the Original Contract

IT IS AGREED as follows

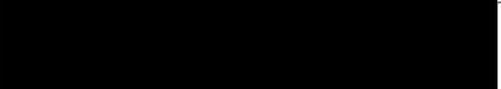
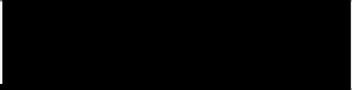
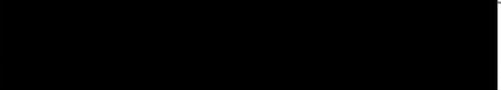
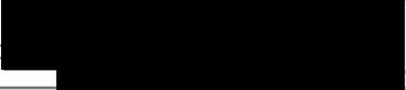
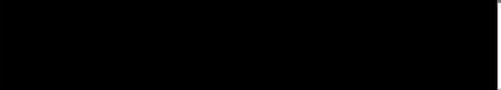
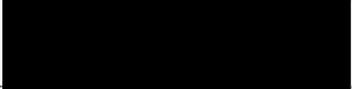
1. The Original Contract shall be amended as set out in this Change Control Notice:

Change Requestor / Originator	[REDACTED]	
Summary of Change	Extension of 'Tell us about Your care Partnership' contract for a further 12 months.	
Reason for Change	The Contracting Authority wishes to extend the Contract for a further period of 12 months (in line with the provisions of the Contract). The further 12 month period will commence on 19 th December 2017 and will conclude on 18 th December 2018.	
Revised Contract Price	Original Contract Value	[REDACTED]
	Previous Contract Changes	[REDACTED]
	N/A	[REDACTED]
	Contract Change Note CCN 002	[REDACTED]
	New Contract Value	£ 23,500
Revised Payment Schedule	[REDACTED]	

	
Revised Specification	N/A
Revised Contract Period	19/12/2017 to 18/12/2018 (Inclusive of these dates).
Change in Contract Manager(s)	The contract will continue to be managed by the Public Engagement Team
Other Changes	N/A

2. Save as herein amended all other terms of the Original Contract shall remain effective.

3. This Change Control Notice shall take effect from the date on which both the Authority and the Contractor have communicated acceptance of its terms.

SIGNED ON BEHALF OF THE CUSTOMER:		SIGNED ON BEHALF OF THE CONTRACTOR:	
Care Quality Commission		Disability Rights (UK) Ltd	
Signature:		Signature	
Name:		Name: M	
Position:		Position:	
Date:		Date	