

## Contract Change Note

<b>Contract Change Note Number</b>	CCN003
<b>Contract Reference Number &amp; Title</b>	CQC AM 102 – Tell us about Your Care Partnership
<b>Variation Title</b>	Extension
<b>Number of Pages</b>	Two

WHEREAS the Contractor 'Relatives and Residents Association' 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 <sup>th</sup> December 2018 and will conclude on 18 <sup>th</sup> December 2019.	
Revised Contract Price	Original Contract Value	[REDACTED]
	Previous Contract Changes	[REDACTED]
	Contract Change Note CCN 003	[REDACTED]
	New Contract Value	£89,760.00
Revised Payment Schedule	N/A	
Revised Specification	N/A	
Revised Contract Period	19/12/2018 to 18/12/2019 (Inclusive of these dates).	
Change in Contract Manager(s)	The contract will continue to be managed by the CQC Public Engagement Team	

Other Changes	N/A
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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		Relatives and Residents Association	
Signature:			
Name:			
Position:			
Date:			