



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

<b>Contract Name:</b>	Provision of Employee Assistance Program	<b>Contract Ref. No.</b>	RM1240 (569)
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<b><u>CLIENT CHANGE NOTICE (CCN)</u></b>
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Initiated by:	REDACTED	CCN Reference:	RM1240 (569)-2
Source of change:	REDACTED	Date CCN Raised by relevant party:	09/08/2017

**STAGE 1 - CLIENT**

Summary of proposals/ requirements :	<p>The current contract is due to expire on the 3<sup>rd</sup> October 2017, HM Treasury wishes to input make a contract technical extension valuing £1,500.00 ex.VAT to last until the 30<sup>th</sup> November 2017.</p> <p>REDACTED</p> <p>The Contract Value will be increased by £1,500.00 ex.VAT. The original contract value totals £78,238.00 including the additional 1 year extension ex.VAT.</p> <p>The total contract value to date, including this technical extension, will be £79,738.00 ex.VAT.</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:	<i>In line with the original terms and conditions and the new proposed expiry date of 30<sup>th</sup> November 2017.</i>



Change authorised to proceed to stage 2 <b>(Customer organisation representative):</b>	REDACTED  Signature	REDACTED  Print Name & Position	15 Aug 2017
Signature Print Name & Position Date	REDACTED	REDACTED	14/08/17
Change authorised to proceed to Stage 2 <b>(CCS representative)</b>	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

Right Care Ltd 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:

01.09.2017



**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Variation Withdrawn

By signing below, unless CCN is withdrawn, the Home Office agrees to pay the Right Care Ltd the costs detailed in Stage 2, by deadlines agreed with the supplier.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