## Joint Schedule 2 (Variation Form)

This form is to be used in order to change a contract in accordance with Clause 24 (Changing the Contract)

	Contract Details			
This variation is between:	UK Shared Business Services Ltd (06330639), Polaris House North Star Avenue, Swindon, SN2 1FL ("the Authority "Contracting Authority") And iO Associates (a trading division of Precision Resource Group) 6 Queen Street, Bristol, BS1 4JZ ("the Supplier")			
Contract name:	THE SUPPLY OF NON CLINICAL TEMPORARY AND FIXE TERM STAFF RM6160 FRAMEWORK CALL OFF ("th Contract")			
Contract reference number:	GSS23438			
0	Details of Proposed Variation			
Variation initiated by:	Contracting Authority			
Variation number:	002			
Date variation is raised:				
Proposed variation	To extend the original end date of the worker/assignment from 31 <sup>st</sup> December 2023 to 31 <sup>st</sup> March 2024			
Reason for the variation:	To extend the worker/assignment			
An Impact Assessment shall be provided within:	n/a			
	Impact of Variation			
Likely impact of the proposed variation:	Low			
2	Outcome of Variation			
Contract variation:	This Contract detailed above is varied as follows: • ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■			
Financial variation:	Original Contract Value: £97,755.00 excluding VAT.			

2	Additional cost due to variation 001:	£5,985.00 excluding VAT.
	Additional cost due to variation 002:	£41,895.00 excluding VAT.
	New Contract value:	£145,635.00 excluding VAT.

- This Variation must be agreed and signed by both Parties to the Contract and shall only be effective from the date it is signed by Contracting Authority.
- 2. Words and expressions in this Variation shall have the meanings given to them in the Contract.
- The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.

Signed by an authorised	signatory t	for and on	behalf of the	Contracting	Authority
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Signature	
Date	
Name (in Capita	(a)
Address	
Signed by an aut	norised signatory to sign for and on behalf of the Supplier
Signature	
Date	
Name (in Capita	is)
Address	