



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

| | | | |
|-----------------------|--|--------------------------|-----------|
| Contract Name: | Provision of Occupational Health for HM Treasury | Contract Ref. No. | SO16785-1 |
|-----------------------|--|--------------------------|-----------|



| |
|--|
| <u>CLIENT CHANGE NOTICE (CCN)</u> |
|--|

| |
|--|
| |
| |

| | | | |
|-------------------|----------|------------------------------------|------------|
| Initiated by: | REDACTED | CCN Reference: | SO16785 |
| Source of change: | REDACTED | Date CCN Raised by relevant party: | 08/08/2017 |

STAGE 1 - CLIENT

| | |
|--------------------------------------|--|
| Summary of proposals/ requirements : | <p>The current contract is due to expire on the 30th October 2017, HM Treasury wishes to make a contract technical extension valuing £20,100.00 ex.VAT to extend the contract until the 31st January 2018.</p> <p>The original contract commenced on 1st June 2013 and was a two year contract with a one year extension option. An additional 17 month contract variation was sought via Contracts Finder and this expires on the 30th October 2017.</p> <p>The Contract Value will be increased by £20,100.00 ex.VAT. The original contract value for the original contract including the 1 year additional extension total £385,000.00 ex.VAT.</p> <p>The total contract value to date, including the new technical extension, will be £405,100.00 ex.VAT.</p> <p>Both the Terms and Conditions and the Scope of the required services will not change.</p> <p>REDACTED</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 31st January 2018</i> |
|---|--|



| | | | |
|---|-----------------------|-----------------------------------|---------------------|
| Change authorised to proceed to stage 2 (Customer organisation representative): | REDACTED Signature | REDACTED Print Name & Position | 15 Aug 2017 Date |
| Signature Print Name & Position Date | REDACTED | REDACTED | 14/08/17 |
| 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

Health Management 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:

13 October 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 HM Treasury agrees to pay the Health Management 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