

# SCHEDULE 5 - CHANGE CONTROL

## Contract Change Note

<b>Contract Change Note Number</b>	CCN 001
<b>Contract Reference Number &amp; Title</b>	CQC AM 179 Tell us Partnerships (Lot 1)
<b>Variation Title</b>	Contract Extension
<b>Number of Pages</b>	2

WHEREAS the Contractor 'Relatives & Residents Association' and the Authority 'Care Quality Commission' entered into a Contract for the supply of 'Tell us Partnerships' dated 18<sup>th</sup> December 2019 (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:

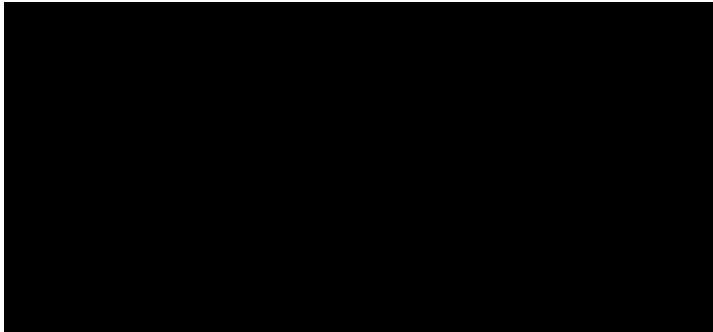
Change Requestor / Originator	[REDACTED]	
Summary of Change	3-month extension	
Reason for Change	CQC wishes to extend the existing contract for a further 3 months from 19 <sup>th</sup> December 2022 to 18 <sup>th</sup> March 2023.  72.(1)(e) Other variations which, irrespective of value, or not substantial	
Revised Contract Price	Original Contract Value	£28,800.00
	Previous Contract Changes CCN 001	£28,800.00
	Contract Change Note CCN 002	£28,800.00
	Contract Change Note CCN 003	£7,200.00
	New Contract Value	£93,600.00
Revised Payment Schedule	No change	
Revised Specification	There is no change to the specification	
Revised Contract Period	The contract change notice will run until 18 <sup>th</sup> March 2023. The original contract terms & conditions will apply to this CCN and the life of the contract.	
Change in Contract Manager(s)	[REDACTED]	
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 on 19<sup>th</sup> December 2022.

**IN WITNESS** of which this Contract has been duly executed by the parties.

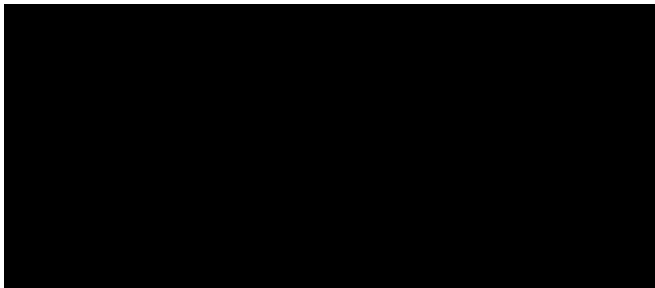
**SIGNED** for and on behalf of **CARE QUALITY COMMISSION**

Authorised Signatory:



**SIGNED** for and on behalf of **Relatives and Residents Association**

Authorised Signatory 1:



Authorised Signatory 2:

