

ANNEX E TO CONTRACT ISSCCT/0239

CHANGE MANAGEMENT NOTE (CMN) TEMPLATE

CHANGE MANAGEMENT NOTE (CMN)

PART A CHANGE TO THE CORE SERVICES			
To be completed by the originator (either the Authority or the Contractor)			
CMN NUMBER:		ISSUE No:	
REQUIREMENT (to include, but not limited to the reason for, and description of the change to the Core Services)			
REFERENCE(S) (where applicable):			
TERMS AND CONDITIONS OF CONTRACT (To be completed by the Authority's Commercial Officer) In addition to the Terms and Conditions of the Contract the following specifically apply to this CMN:			
CONDITION	YES/NO	CONDITION	YES/NO
DEFCON 68		DEFFORM 68	
DEFCON 113		Condition 21	
DEFCON 129			
SIGNATURES			
Project Manager		Commercial	
Name:		Name:	
Appointment:		Appointment:	
Signature:		Signature:	
Date:		Date:	
REJECTION BY THE CONTRACTOR (To be completed by the Contractor)			
YES/NO (Delete as appropriate) (if NO, please complete part B. If YES please provide reasons for Authority consideration)			
SIGNATURE			
Name:			
Appointment:			
Signature:			
Date:			

PART B – CONTRACTOR’S PROPOSAL

(To be completed by the Contractor - include extra sheets or attach proposal as necessary)

CMN No

ISSUE No

CONTRACTOR PROPOSAL:

(to include but not limited to, the solution, documentation, testing, implementation schedule)

IMPACT STATEMENT:

(to include but not limited to impact on: the Core Services, interfaces, training, software licences, hardware (including modifications required to hardware and software), contract terms and conditions, Core Service payments, risks, and Contractor personnel i.e. if as a result of a reduction of Service Contractor personnel potentially in scope of TUPE (include details in accordance with Annex K to the contract)

SECURITY IMPACT STATEMENT:

(to include but not limited to impact on: RMADS, interfaces)

DEPENDENCIES/ASSUMPTIONS:

(to include but not limited to GFA)

DURATION OF WORK:

FIRM PRICE

£.....(Ex VAT) (..... amount in words.....)

Breakdown of costs involved such as, but not limited to: : (noting that pricing of work called for under a CMN shall be agreed in accordance with the breakdown of cost associated with the task involved – Condition 22 of the Contract refers).

LABOUR:

GRADE UTILISED	NO OF MAN DAYS	CHARGING RATE per Man Day	TOTAL
		£	£
		£	£
		£	£

MATERIALS (see footnote ¹):

DESCRIPTION QTY FIRM PRICE £ (ea) TOTAL £

TRAVEL & SUBSISTENCE COSTS

COST OF PLANS

COSTED RISKS

OVERHEADS (showing % on costs, plus value of overhead in £'s):

PROFIT (showing % on costs, plus value of profit in £'s):

PAYMENT TERMS:

On Completion: YES/NO (Delete as appropriate)

Interim Payments: YES/NO (Delete as appropriate)

If interim payments required, attach payment plan showing stages, entry/exit criteria, payments against each stage, stage completion dates and benefits to the Authority.

TASK FORM PREPARATION

Firm Price for Task Form Preparation - £

Breakdown of costs involved:

LABOUR:

GRADE UTILISED	NO OF MAN DAYS	CHARGING RATE per Man Day	TOTAL
		£	£
		£	£
		£	£

OVERHEADS (showing % on costs, plus value of overhead in £'s):

¹ Provide details of suppliers for materials “hardware and software”, together with rationale for procurement route and evidence of competition. Where materials are in house, provide a full breakdown of costs against each type. Show quantities of each type and identify IPR.

PROFIT (showing % on costs, plus value of profit in £'s):

CONTRACTOR SIGNATURES

Project Manager

Commercial

Name:

Name:

Appointment:

Appointment:

Signature:

Signature:

Date:

Date:

**PART C – AUTHORITY'S DECISION
(To be completed by the Authority)**

CMN No

ISSUE No

A. Authority to proceed with CMN Number at the Firm Price of £.....TBA..... (amount in words) (VAT EX) with a completion date of ...TBA..... is hereby given

Comments:

B. Authority to proceed is not given, and this CMN is rejected.

(Delete either A or B as appropriate)

AUTHORITY SIGNATURES

Project Manager

Commercial

Name:

Name:

Appointment:

Appointment:

Signature:

Signature:

Date:

Date:

**PART D – COMPLETION OF CMN
(To be completed by the Contractor)**

CMN No

ISSUE No

Letter/Report Reference (if applicable)

APPROVED BY (print name):

APPOINTMENT:

SIGNATURE:

DATE:

**PART E – CLOSURE OF CMN
(To be completed by the Authority)**

CMN No

ISSUE No

All work under the subject CMN has/has not been completed to the full satisfaction of the Authority. Reasons for none satisfactory completion of work have been set out in:

Letter/Report Reference: Dated:
(if applicable)

APPROVED BY:

APPOINTMENT:

SIGNATURE:

DATE: