**Appendix 1 Part A - Award Form**

This Award Form creates the Contract. It summarises the main features of the procurement and includes the Buyer and the Supplier’s contact details.

|  |  |  |
| --- | --- | --- |
|  | **Buyer** | DVLA on behalf of the Secretary of State for Transport (the Buyer)  Its offices are on:  *Driver and Vehicle Licensing Agency (DVLA)*  *Longview Road*  *Morriston*  *Swansea*  *SA6 7JL* |
|  | **Supplier** | |  |  | | --- | --- | | Name: | ***[Insert name (registered name if registered)]*** | | Address: | ***[Insert address registered address if registered]*** | | Registration number: | ***[Insert registration number if registered]*** | | SID4GOV ID: | ***[Insert SID4GOV ID if you have one]*** | |
|  | **Contract** | This Contract between the Buyer and the Supplier is for the supply of Deliverables, being annual appraisals for DVLA Medical staff- see Schedule 2 (Specification) for full details. |
|  | **Contract reference** | **PS/24/159** |
|  | **Buyer Cause** | Any material breach of the obligations of the Buyer or any other default, act, omission, negligence or statement of the Buyer, of its employees, servants, agents in connection with or in relation to the subject-matter of the Contract and in respect of which the Buyer is liable to the Supplier. |
|  | **Collaborative working principles** | The Collaborative Working Principles do not apply to this Contract.  See Clause 3.1.3 for further details. |
|  | **Financial Transparency Objectives** | The Financial Transparency Objectives do not apply to this Contract.  See Clause 6.3 for further details. |
|  | **Start Date** | 23rd July 2025 |
|  | **Expiry Date** | 22nd July 2027 |
|  | **Extension Period** | 2 x optional further periods of 12 months (Buyer’s option) |
|  | **Ending the Contract without a reason** | The Buyer shall be able to terminate the Contract in accordance with Clause 14.3. |
|  | **Incorporated Terms**  (together these documents form the **"the Contract"**) | The following documents are incorporated into the Contract. DVLA are not using any Schedules marked as N/A. If the documents conflict, the following order of precedence applies:   1. This Award Form 2. Any Special Terms (see **Section 13 (Special Terms)** in this Award Form) 3. Schedule 31 (Buyer Specific Terms) 4. Core Terms 5. Schedule 36 (Intellectual Property Rights) 6. Schedule 1 (Definitions) 7. Schedule 6 (Transparency Reports) 8. Schedule 20 (Processing Data) 9. The following Schedules (in equal order of precedence):    1. Schedule 2 (Specification)    2. Schedule 3 (Charges)    3. Schedule 5 (Commercially Sensitive Information)    4. Schedule 10 (Service Levels)    5. Schedule 21 (Variation Form)    6. Schedule 22 (Insurance Requirements)    7. Schedule 24 (Financial Difficulties)    8. Schedule 25 (Rectification Plan)    9. Schedule 26 (Sustainability) 10. Schedule 4 (Tender), unless any part of the Tender offers a better commercial position for the Buyer (as decided by the Buyer), in which case that aspect of the Tender will take precedence over the documents above. |
|  | **Special Terms** | None |
|  | **Buyer’s Environmental Policy** | ***This included within the Specification (Annex 3)*** |
|  | **Social Value Commitment** | ***Not applicable for this contract*** |
|  | **Buyer’s Security Requirements and Security and ICT Policy** | ***Not applicable for this contract*** |
|  | **Charges** | Details in Schedule 3 (Charges) |
|  | **Reimbursable expenses** | ***None*** |
|  | **Payment method** | Suppliers must be in possession of a written purchase order/orders (PO), before commencing any work, or supplying any goods, under this contract. The PO/POs for this contract will follow shortly after formal award of the Contract. All invoices submitted to the Department must quote a valid PO number and be submitted in accordance with the Buyer’s Invoicing Procedures, embedded below: |
|  | **Service Levels** | ***Not applicable for this contract*** |
|  | **Liability** | [In accordance with Clause 15.1 each Party's total aggregate liability in each Contract Year under the Contract (whether in tort, contract or otherwise) is no more than [the greater of £**1 million** or **100**% of the Estimated Yearly Charges]  In accordance with Clause 15.5, the Supplier’s total aggregate liability in each Contract Year under Clause 18.8.5 is no more than the Data Protection Liability. |
|  | **Cyber Essentials Certification** | Not Required |
|  | **Progress Meetings and Progress Reports** | The Supplier shall attend Progress Meetings with the Buyer on request (intervals of no shorter than one month) frequency dictated by supplier performance. |
|  | **Guarantee** | Not applicable |
|  | **Virtual Library** | Not applicable |
|  | **Supplier**  **Contract**  **Manager** | ***[Insert name]***  ***[Insert job title]***  ***[Insert email address]***  ***[Insert phone number]*** |
|  | **Supplier Authorised Representative** | ***[Insert name]***  ***[Insert job title]***  ***[Insert email address]***  ***[Insert phone number]*** |
|  | **Supplier Compliance Officer** | ***[Insert name]***  ***[Insert job title]***  ***[Insert email address]***  ***[Insert phone number]*** |
|  | **Supplier Data Protection Officer** | ***[Insert name]***  ***[Insert job title]***  ***[Insert email address]***  ***[Insert phone number]*** |
|  | **Supplier Marketing Contact** | ***[Insert name]***  ***[Insert job title]***  ***[Insert email address]***  ***[Insert phone number]*** |
|  | **Key Subcontractors** | **Key Subcontractor 1**  Name (Registered name if registered): ***[insert name]***  Registration number (if registered): ***[insert number]***  Role of Subcontractor: ***[insert role]***  ***[Guidance: copy above lines as needed]*** |
|  | **Buyer Authorised Representative** | XXXXXX redacted under FOIA section 40  ***Drivers Medical Group Contracts Manager***  XXXXXX redacted under FOIA section 40  XXXXXX redacted under FOIA section 40 |

|  |  |  |  |
| --- | --- | --- | --- |
| **For and on behalf of the Supplier:** | | **For and on behalf of the Buyer:** | |
| Signature: | XXXXXX redacted under FOIA section 40 | Signature: | XXXXXX redacted under FOIA section 40 |
| Name: | XXXXXX redacted under FOIA section 40 | Name: | XXXXXX redacted under FOIA section 40 |
| Role: | Commercial Facilities and HR Associate Lead | Role: | XXXXXX redacted under FOIA section 40 |
| Date: | 23rd June 2025 | Date: | XXXXXX redacted under FOIA section 40 |