

GAINSHARE CHANGE PROPOSAL FORM					
Project Title		PESC		Contract Number	
				C17CSAE/0027	
Serial No		Issue		Date	
1. Change Required					
2. Equipment/Sub System/Element of Service affected					
3. Reason for change: (Change in; requirement, technology, legislation, gainshare etc)					
4. Preparation Cost			*Firm Price		
5. Nature of study to be undertaken (Complete this only if required)					
Estimated number of weeks for study			*Firm Price for study		
					Latest Approval Date
Signed _____ Name _____ Contracts Manager for the Contractor Date _____			Signed _____ Name _____ Project Manager for the Contractor Date _____		
Authority to Proceed with study Signed _____ Name _____ Commercial Manager for C17CSAE Team Date _____			Signed _____ Name _____ Project Manager for C17CSAE Team Date _____		

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6. Result of study and recommended changes, to include study reference: (Complete only if required)					
7. Total Value of changes *Firm Price					
8. Areas of SOR affected:					
9. Effect of change on delivery of Services:					
10. Consequential effects of the proposed change on the following: All must be completed					
System Performance Including Key User Requirements	-	Modification Kits	-	-	-
System	-	Modelling	-	-	-
Interface	-	Software	-	-	-
	-	Items supplied by MOD	-	-	-
Configuration control	-	Test and Trials	-	-	-
Interchangeability/Interoperability	-	Maintenance	-	-	-
Spares	-	NATO Reference No	-	-	-
Tools and Test Equipment	-	Safety	-	-	-
Technical Publications	-	Reliability	-	-	-
Modification Leaflet required	-	Other Contractors	-	-	-
Test Specifications	-	Post Production Support	-	-	-
Installation	-	Life Cycle Costs	-	-	-
Packaging, Handling Storage & Transportation	-	Other (provide details below)	-	-	-
11. Additional consequential effects identified as Others above					

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12. Detail of consequential effects annotated Yes above. If there is insufficient space available in this box please include references to additional documents and attach them to this change proposal form.					
13. Details of materials made surplus by this change proposal, include details of cost:					
14. Date authorisation required to maintain validity of this Change Proposal					
15. Further remarks/explanation (complete only if necessary)					
Signed _____ Name _____ Contracts Manager for the Contractor Date _____			Signed _____ Name _____ Project Manager for the Contractor Date _____		
Technical Concurrence: Signed _____ Name _____ Project Manager for C17CSAE Team Date _____					
16. Remarks					
17. Liability Determination CONTRACTOR/MOD/DISPUTED (delete as appropriate)					
Contractual Approval: Signed _____ Name _____ Commercial Manager for C17CSAE Team Date _____					

