

GAINSHARE CHANGE PROPOSAL FORM

Project Title	BT80 and BT533 Parachute Systems	Contract Number	C17CSAE/0005
Serial No	Issue	Date	
1. Change Required			
2. Equipment/Sub System 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)	-

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11. Additional consequential effects identified as Others above			
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			



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17. Liability Determination CONTRACTOR/MOD/DISPUTED (delete as appropriate)					
Contractual Approval:					
Signed _____					
Name _____					
Commercial Manager for C17CSAE Team					
Date _____					

