



DEPARTMENT OF HEALTH AND SOCIAL CARE

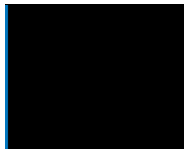
AND

MITIE FACILITIES MANAGEMENT LTD

DHSC COVID 19 SITE SERVICES- FM CONTRACT

RM3830/L1C FACILITIES MANAGEMENT

CONTRACT REFERENCE: CCZI20A17



JOINT SCHEDULE 2

VARIATION FORM

CONTRACT DETAILS		
This variation is between:	[insert name of Authority] ("Authority") And [insert name of Supplier] ("the Supplier")	
Contract name:	[]	
Contract reference number:	[]	
DETAILS OF PROPOSED VARIATION		
Variation initiated by:	[Authority/Supplier]	
Variation number:	[]	
Date variation is raised:	[]	
Reason for the variation:	[]	
An Impact Assessment shall be provided within:	[X] days	
IMPACT OF VARIATION		
Likely impact of the proposed variation:	[]	
IMPACT ASSESSMENT REVIEW PERIOD		
An Impact Assessment shall be reviewed within:	[x] days	
OUTCOME OF VARIATION		
Contract variation:	This Contract Ref: RM [] is varied as follows: <ul style="list-style-type: none"> [insert] 	
Financial variation:	Original Contract Value:	£[insert]
	Additional cost due to variation:	£[insert]
	New Contract value:	£[insert]



1. This Variation must be agreed and signed by both Parties to the Contract and shall only be effective from the date it is signed by the Authority.
2. Words and expressions in this Variation shall have the meanings given to them in the Contract.
3. The Contract, including any previous Variations, shall remain effective and unaltered except as amended by this Variation.
4. If the Variation refers to Site Services, the Outcome of Variation as above should be based on the mechanism described in Para 3 of Call-Off Schedule 5 – Call-Off Pricing.

Joint Schedule 2 (Variation Form) v1.0

Crown Copyright 2021



Signed by an authorised signatory for and on behalf of the Authority

Signature

Date

Name (in Capitals)

Address

Signed by an authorised signatory to sign for and on behalf of the Supplier

Signature

Date

Name (in Capitals)

Address