

**CPD EXISTING CONTRACT WORK REQUEST FORM (NON-CONSTRUCTION)**

**REFERENCE: WREX01 FORM – Variation or Modification of contract**

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| **Client Details** | |
| **Contact Name:** |  |
| **Department/Agency/NDPB name:** |  |
| **Telephone Number:** |  |
| **e-mail address:** |  |
| **Date:** |  |

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| **Section 1. Current Contract Details** | | | | | | |
| **Contract Title** |  | | | | | |
| **Name of supplier** |  | | | | | |
| **Was the current contract subject to competition or tender or was it awarded directly to a supplier? (Please tick one of the options below)** | | | | | | |
| **Competition** | |  | | | **Direct Award contract** |  |
| **If tendered by CPD please provide the CPD reference number and project title.** | | |  | | | |
| **Please provide the start and end dates of the contract including any options to extend which were stipulated in the tender. (For software licences and support the start date should be the date the software was first bought and not the start date of the last annual renewal)** | | | | | | |
| **Start Date** | |  | | | **End Date** |  |
| **If the contract has been extended beyond the original end date stated above please provide the dates of any extensions.** | | | | | | |
| **What was the actual value of the contract at the time of award?** | | | |  | | |
| **What has been the total spend to date?** | | | |  | | |
| **What will be the estimated total spend from the contract commencement to the expiry date (including all extensions).**  **(For software licences and support the total spend should be the spend from the date the software was first bought and not just the spend in respect of the last annual renewal)** | | | |  | | |

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| **Section 2. Details of Variation or Modification** | |
| **Estimated value of the variation or modification** |  |
| **Total revised value of the contract** |  |
| **Duration of spend** |  |
| **Financial years covered by the variation or modification** |  |
| **Revised contract end date** |  |
| **Name of proposed supplier** |  |
| **Section 3. Justification for Variation or Modification** | |
| **Please provide details explaining why this variation or modification is being requested explaining if applicable ownership of any intellectual property or exclusive rights.** | |

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| **Section 4.** **Future Provision** |
| **Please provide details explaining how you are intending to obtain this product or service in the longer term i.e. will provision not be required after the proposed variation or modification or are you planning a procurement? (Please provide dates for tendering etc where applicable).** |

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| **Section 5.** **Conflict of Interest Form** |
| CPD is required to take appropriate measures to identify and prevent any conflicts of interest during the procurement and contract life cycle.  All Departmental staff involved in the procurement and contract life cycle must mitigate against and address the risk of potential conflicts.  Example of conflicts of interest would include:   * An external personal, professional or monetary interest that could lead to a conflict of interest in the procurement or management of this contract; * A close family or close personal connection with an individual involved with a company or other organisation which may wish to tender for this contract; or   Any other interest which might reasonably be considered to influence my judgement, or which might affect my ability to act impartially, on matters relating to this procurement.  **Please name all persons working on the preparation of the contract modification documents:**  **Insert name/s:**  **You are asked to make a formal declaration, as follows:** |
| **I declare that I / and all named persons involved in the contract modification request have no perceived or actual conflict of interest in this procurement.**  **Insert name:** |

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| **CPD ADVICE** | | | | | |
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| This advice covers an extension of the term of contract | | | **Yes:** | | **No:** |
| This advice covers an increase to the overall contract value | | | **Yes:** | | **No:** |
| **NAME:** | | | | | |
| **GRADE:** | | | | | |
| **DATE:** | | | | | |
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| **CONFIRMATION OF AUTHORITY TO COMMISSION THE SERVICES OF CPD AND ACCEPTANCE OF CHARGES** | | | | | | |
| **Business areas should ensure appropriate and proportionate Full Business Case considerations are completed in accordance with “Business cases for contract awards, contract extensions and procurement projects” provided in the** [**Northern Ireland Guide to Expenditure Appraisal and Evaluation (NIGEAE).**](https://www.finance-ni.gov.uk/articles/business-case-development-process#toc-9) **This guidance is also supported by** [**FD (DFP) 10/15**](https://www.finance-ni.gov.uk/sites/default/files/publications/dfp/fddfp1015.pdf)**.** | | | | | | |
| CPD Hourly Charges will be applied to work carried out in relation to this work request. Charges will be invoiced monthly in arrears based on actual hours recorded for work against the existing contract. A list of Frequently Asked Questions on invoicing and CPD Charges can be found at:  [CPD Charge out Rates | Department of Finance (finance-ni.gov.uk)](https://www.finance-ni.gov.uk/publications/cpd-charge-out-rates)  By submission of this Work Request Form to CPD I confirm that:   * I have the appropriate delegated authority and budget cover to commission CPD to undertake work with this contract. * I accept the cost of CPD’s services and will comply with the payment procedures. * I have instructed the Finance Officer to make payment on receipt of CPD’s invoices in accordance with CPD Service Level Agreement. * I have provided details for invoicing below: | | | | | | |
| **Invoice to be approved for payment by** | |  | | | | |
| **Telephone Number** | |  | **email** | |  | |
| **Send e-invoice to** | |  | **email** | |  | |
| **Clients Cost Centre** | |  | | | | |

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| **SUBMITTING THE WREX01 FORM** |
| **The completed form should be emailed to:**  [**SSDAdmin.CPD@finance-ni.gov.uk**](mailto:SSDAdmin.CPD@finance-ni.gov.uk)  **If you have any queries, contact the Supplies and Services Division helpdesk on 028 9081 6031.** |