

GovCMS Drupal Services Panel - Change Order Form (v.1.1)

This Change Proposal Agreement (including its attachments, if any) serves to vary the Contract executed on **[insert]**, in accordance with the terms set out below. Unless specifically stated in this Change Proposal Agreement, all terms and conditions of the Contract continue unaffected.

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| **Finance Use Only:**All draft Contracts must be sent to GovCMS@finance.gov.au for review and approval prior to the Contract being executed.Until approved by Finance **this is** **not a valid change order.** |
| **Approved by:** |  |
| **Date:** |  |

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| **GovCMS Drupal Services Contract Identifier** |  |
| **Change Order number** |  |
| **Date proposed** |  |
| **Name of party instigating the change** |  |
| **Implementation date of change** |  |
| **Details of change proposal** |  |
| **Clauses affected by the proposal are as follows:** |  |

New Charges payable to the Contractor or Agency affected by this change proposal

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| --- | --- | --- | --- | --- |
| **Item as per vendor’s Category 1 or Category 2 from the Drupal Services Panel “Products and Services Guide”** | **Quantity** | **Unit Cost as per Products and Services Guide** | **Total Cost** | **Cost to Agency inc any discount** |
| *(e.g. Drupal theme builder)* | *(20 days)* | *($800/day)* | *($16,000)* | *($12,000)* |
|  |  |  |  |  |
|  |  |  |  |  |
| ***Sub-total (ex GST and Panel Fee)*** |  |
| *6% GovCMS Central Admin Panel Fee (ex GST) (only applies if passed on by vendor)* |  |
| ***Total (ex GST)*** |  |
| ***Total (incl GST 10%)*** |  |

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| **Plan for implementing the change** |  |
| **The responsibilities of the parties for implementing the change** |  |
| **The new date for the acceptance testing of the system** |  |
| **Effect of change on performance** |  |
| **Effect on documentation** |  |
| **Effect on training** |  |
| **Effect on the users of the system** |  |
| **Any other matters which the parties consider are important** |  |

**EXECUTED AS AN AGREEMENT**

**AGENCY**

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| **Executed as an agreement** for and on behalf of the **Commonwealth of Australia** represented by the **[Agency] ABN [ABN Number]** by its duly authorised delegate in the presence of: | ))))))) |  |
| Signature of witness |  | Signature of delegate |
| Name of witness |  | Name of delegate |
| Date |  | Date |

*Contractor to sign relevant agreement as either Director, Power of Attorney, or Authorised Representative*

**CONTRACTOR (If a Director)**

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| **Executed as an agreement** by the **[*INSERT Contractor’s* *name*]** (ABN [*INSERT ABN*]) in accordance with section 127 of the *Corporations Act 2001* (Cth): | ))))))) |  |
| Signature of Director |  | Signature of Director/Company Secretary |
| Name of Director |  | Name of Director/Company Secretary |
| Date |  | Date |

**OR**

**CONTRACTOR (Power of Attorney)**

|  |  |
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| **Executed as an agreement** for and on behalf of[***INSERT NAME of Contractor***] (ABN [***INSERT ABN of Contractor***]) under power of attorney dated [***INSERT date of power of attorney***]: | In the presence of: |
| . . . . . . . . . . . . . . . . . . . . . . . . . Signature of Attorney | . . . . . . . . . . . . . . . . . . . . . . . . . Signature of witness |
| . . . . . . . . . . . . . . . . . . . . . . . . . Name of Attorney (print) | . . . . . . . . . . . . . . . . . . . . . . . . . Name of witness (print) |
| . . . . . . . . . . . . . . . . . . . . . . . . . Date | . . . . . . . . . . . . . . . . . . . . . . . . . Date |

**Note:** A copy of the power of attorney pursuant to which this Change Proposal Agreement will be executed will need to be provided to Finance.

**OR**

**CONTRACTOR (Authorised Representative)**

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| **Executed as an agreement** for and on behalf of [***INSERT Contractor’s name]*** (ABN [***INSERT ABN***]) by its duly authorised representative: | In the presence of: |
| . . . . . . . . . . . . . . . . . . . . . . . . . Signature of authorised representative | . . . . . . . . . . . . . . . . . . . . . . . . . Signature of witness  |
| . . . . . . . . . . . . . . . . . . . . . . . . . Name and position of authorised representative (print) | . . . . . . . . . . . . . . . . . . . . . . . . . Name of witness (print) |
| . . . . . . . . . . . . . . . . . . . . . . . . . Date | . . . . . . . . . . . . . . . . . . . . . . . . . Date |