**Contract Management Plan**

|  |  |
| --- | --- |
| **Contractor** |  |
| **Contract name** |  |
| **Date** |  |
| **Version** |  |
| **Next Revision Date** |  |

**1.0 Introduction**

1.1 This document is owned by the Contract Administrator (CA) who is responsible for ensuring it is maintained.

1.2 The CA reviews this contract management plan (CMP) with key stakeholders on a regular basis to ensure it continues to reflect the services required and provided. Additionally, they shall revise this CMP where changes to existing goods, services or processes are approved.

1.3 This document does not replace the contract. It should act as your organisation’s primary reference document in the management of goods/services.

**2.0 Contract**

2.1 Contract Details – *please fill in the information below*:

 Contractor:

 Contractor Address:

 Contract description:

 Start Date:

 End Date:

 Review Date:

2.2 Location of contract documents – *please fill in below*:

 The contract documents are located:

**3.0 Financial Control and Pricing information**

3.1 Tendered costs – *please select the appropriate line and fill in the information below:*

 The contract tendered cost is:

 The tendered schedule of costs can be viewed at:

 The tendered price framework costs can be viewed at:

3.2 Pricing review *– please fill in below*:

 Contract price review as per contract clause: (*if not applicable please state*)

 Review method:

 Review date:

3.3 Payment Terms – *please fill in below*:

 The payment terms are stated in contract clause:

3.4 The CA is responsible for budget control and monitoring. The agreed methodology for monitoring the budget is set out below in 3.5

3.5 Agreed budget control and monitoring methodology – *please fill in below*:

 State the agreed process:

**4.0 Key Personnel**

4.1 Contract personnel – *please fill in the required information below*:

 Contract Administrator:

 Contact Number:

 Email Address:

 Senior Client Representative:

 Contact Number:

 Email Address:

 *Insert other client personnel as appropriate*

 Contractor representative:

 Contact Number:

 Email Address:

 Senior Contractor Representative:

 Contact Number:

 Email Address:

 *Insert other contractor personnel as appropriate*

**5.0 Health and Safety**

5.1 This project is / is not (*delete as appropriate*) notifiable under the Construction, Design and Management Regulations 2015 (or subsequesnt revisions)

5.2 CDM key personnel – *please fill in details below:*

 Principal Designer:

 Address:

 Contact Number:

 Email Address:

 Principal Contractor:

 Address:

 Contact Number:

 Email Address:

 The Construction Phase Health and Safety Plan can be viewed at:

5.3 The contractor’s approved risk assessments and method statements can be viewed at:

5.4 The contractor’s current health and safety plan and associated documentation can be viewed at:

 The review date for this is:

5.5 The contractor’s accreditations and qualifications can be viewed at:

**6.0 Insurance**

6.1 The insurance information related to this contract is - *please fill in details below*:

 Employer’s Liability

 Insurer:

 Policy Number:

 Expiry Date:

 Review Date:

 Limit of Liability:

 Professional Indemnity

 Insurer:

 Policy Number:

 Expiry Date:

 Review Date:

 Limit of Liability:

 Public and Products Liability

 Insurer:

 Policy Number:

 Expiry Date:

 Review Date:

 Limit of Liability:

6.2 The insurance stated above is in line with the contract and your internal policies and has been verified? (Select Yes or No)

6.3 The insurance certificates for the contractor can be viewed at:

6.4 The contract administrator will review the policies annually to make sure cover is maintained throughout the life of the contract.

**7.0 Mobilisation**

7.1 The mobilisation plan has been reviewed and agreed by both parties and can be viewed at:

**8.0 Data Security**

8.1 The responsibilities of the Data Controller (client) and the Data Processor (contractor) are set out in:

8.2 The Data Protection Assessment will be annually reviewed by the contract administrator and shall be stored:

**9.0 Key performance monitoring**

9.1 The key performance indicators for this contract are stored at:

9.2 Managing and reporting on the KPIs are set out in (insert document name) stored at:

**10.0 Risk Management**

10.1 The contract administrator is responsible for reviewing and maintaining the risk register, in particular to the contractor’s financial health, disaster recovery plans or other risks classified as moderate or high.

10.2 The Risk Register is located at:

10.3 The Risk Register shall be reviewed (state frequency)

**11.0 Efficiency and Benefit Reporting**

11.1 Financial Efficiencies

 *Please insert the means to manage and record outcomes of any cost efficiency exercises planned, in place or completed. If none, state ‘Not applicable’*

11.2 Social/Environmental Impact

 *Please insert the means to manage and record social and environmental impacts/outcomes along with the review frequency e.g quarterly or annually.*

11.3 The contractor does/does not (*select appropriate*) have an obligation under the Modern Slavery Act. Their annual statement can be viewed at:

**12.0 Escalation Process**

12.1 The escalation hierarchy is set out in clause: of the contract.

12.2 The escalation process can be viewed:

**13.0 Business Continuity**

13.1 The business continuity plan can be viewed at:

13.2 The contingency plan can be viewed at:

**14.0 Contract Term and Extension**

14.1 The contract term is:

14.2 Extensions – *please select which option applies*

The contract has no extension provision

 The Contract can be extended by (*insert length*) as per clause (*insert claue number in contract*). The contract administrator will review extension options and feasibility six months prior to the initial expiry of the contract.

**15.0 Significant Contract Changes**

15.1 The table below outlines significant contract changes to scope, price, performance, volume etc.

15.2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Variation no.** | **Variation description** | **Date raised** | **Status** | **Date Instructed** | **Comments** |
|  |  |  | (in progress/agreed/rejected) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**16.0 Sign Off**

 Name of person completing this CMP:

 Position:

 Date of Review:

 Senior Sign Off

 Name:

 Position:

 Date: