

## Contract Variation Business Case

Provider Name:	Click or tap here to enter text.	Date Submitted:	Click or tap to enter a date.
Provider Contact Name:	Click or tap here to enter text.	Provider Email:	Click or tap here to enter text.
Contract and Lot (if applicable)	Choose an item.		
Request Type: (please tick all that apply)	Meet gap in provision	Choose an item.	
	Adjustment within current allocation	Choose an item.	
	Increase in allocation	Choose an item.	
	Flexibility request	Choose an item.	

Please note any changes to a contract, will be in line with the Payment and Performance Management framework.

**Rationale:** Please consider the following in your submission as a minimum;

Overview and reason for your request (No more than 100 words) please include programme overview, background and reason for the request

Click or tap here to enter text.

Overview of how this fit within WMCA regional priorities (No more than 100 words)

Click or tap here to enter text.

Evidence of demand from key stakeholders' local authorities and/or JCP (No more than 100 words)

Click or tap here to enter text.

**\*\*CG/SG/SWAPS/Innovation** –including Duration (no. of weeks), Number of learners/cohorts, Work placement etc

Qualification Name	Level	Duration/GLH	Funding value request	No of learners/cohorts	Additional information
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Add additional rows as needed

**\*\* Flexibilities request** Please be clear in your breakdown and the funding for each element. Please note – If requesting new LARS these can take up to 2 months.

Qualification Name	Level	LARs Code Please leave blank where these are to be requested	Funding value	Contribution value	No of learners/cohorts	Target Group i.e. Unemployed/Low wage/Non low wage
Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.	Choose an item.	Click or tap here to enter text.	Click or tap here to enter text.

Add additional rows as needed

**\*\*If residents are employed and above Low wage, please list reason for funding requirement and contribution value**

Click or tap here to enter text.

Priority/Target groups (No more than 100 words)

Click or tap here to enter text.

Specific delivery locations

Click or tap here to enter text.

Career Pathways supported

Click or tap here to enter text.

Planned progression – Please list proposed outcomes and KPIs towards these i.e. 60% into work

Click or tap here to enter text.

What systems do you have in place to track progression and frequency of tracking to ensure the outcomes are achieved?

Click or tap here to enter text.

**\*\*Value of growth and breakdown by location: (if applicable)**

Click or tap here to enter text.

**\*\*Overview of where fund will be moved from and to i.e. £20,000 from SSA 2 in Sandwell to SSA 5 in Birmingham**

Click or tap here to enter text.

**\*\*Sub-contracting information including name, planned enrolment numbers, value and UKPRN (Please note if approved you will need to issue an updated subcontractor declaration)**

Click or tap here to enter text.

**\*\*Only if applicable**