



Mrs M Dunstone  
Hertfordshire Community NHS Trust  
Unit 1a, Howard Court  
14 Tewin Road  
Welwyn Garden City  
AL7 1BW

**Health & Community Services  
Children & Young People's  
Commissioning Team, SFAR202  
Six Hills Way  
Stevenage SG1 2FQ**

Tel: 01438 [REDACTED]  
Mobile [REDACTED]  
E Mail [REDACTED]  
Contact [REDACTED]  
Ref: HCC1104736  
Date 13 September 2012

Dear Marion

**Letter of Extension**

**The Provision of Speech and Language Therapy Services: HCC1104736**

Following your recent conversation with David Coolbear, Contract Manager, I am writing to outline the following extension for the above contract.

The following amendments will be made with regard to this agreement:

The Council exercises its discretion to extend the Contract Period pursuant to Clause 3.1 of the contract until 31 March 2013. The terms and conditions of this Contract between the Council and the Contractor shall be the terms and conditions of the extended Contract.

Part A General Provisions, Clause 3, will now read

**3. DURATION OF CONTRACT**

3.1 This Contract shall commence on the 1<sup>st</sup> day of April 2011 and shall continue for a period of two years thereafter until 31 March 2013 unless terminated in accordance with the provisions of this Contract.

All other conditions will remain unchanged.

Would you please sign and return both copies of this letter to confirm your agreement to the above. Once all parties have sign, a copy will be sent to you for your records.

If you have any queries, please contact myself on the number at the top of this letter or David Coolbear, Contract Manager, on Telephone: [REDACTED]

Yours sincerely

**SIGNATURES**

Signature:



Name:

Darren Newman

Designation:

Senior Procurement Officer under Contract Regulations

Date:

15/10/2012



Signature:

Name:

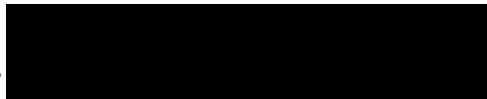
David Coolbear

Designation:

Contracting Manager under Contract Regulations

Date:

13/10/2012



Signature:

Name:



Designation:

Contracting Officer under Contract Regulations

Date:

13.9.12

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**On Behalf of the Provider, I confirm acceptance of the conditions contained within this Agreement**

Signature:



Name:

~~Marion Dunstone~~ SEAN MCKEEVER

Designation:

Director of finance

Date:

8.10.12