Form of Call-Off Contract

**DATED 20**

**OXFORDSHIRE COUNTY COUNCIL**

**- and -**

***[Name of Service Provider]***

**CALL-OFF CONTRACT FOR PROVISION OF POST-ADOPTION THERAPY SERVICES FOR ADOPT THAMES VALLEY UNDER AN OPEN FRAMEWORK AGREEMENT**

**CONTRACT FORM**

**THIS CALL-OFF CONTRACT** is made the day of 20

**BETWEEN:**

**(1) Oxfordshire County Council** of County Hall, New Road, Oxford OX1 1ND (the **“Council”**); and

**(2) [*Full Name of Organisation*** (*and in the case of a Company, company number)*  **]** whose registered office is at [*Full Address and Post Code/of*] (the **“Service Provider”**).

**WHEREAS:**

A The Council wishes to secure the provision of the Services and the Service Provider wishes to provide the Services on the terms set out in this Call-Off Contract.

B This Call-Off Contract is a call-off contract made under the Provision of Post-Adoption Therapy Services forATV Open Framework Agreement (as defined below) and the Council has selected the Service Provider to provide the Services under the Service Category/Service Categories [ ] in accordance with the Call-Off Contract Award Procedure set out in the Post-Adoption Therapy Services forATV Open Framework Agreement.

**IT IS AGREED** that this Call-Off Contract comprises:

This Contract Form

The Contract Order Form Details (attached)

The Appendices (imbedded)

The Post-Adoption Therapy Services forATV, Open Framework Agreement

Except as otherwise specified in this Contract Form or where the context otherwise requires, expressions used in this Call-Off Contract shall have the meanings as set out in the Open Framework Agreement. References to “Conditions” shall be references to the Conditions of the Open Framework Agreement.

**BY SIGNING THIS CALL-OFF CONTRACT** the Service Provider and the Council are entering into a legally binding contract for the Service Provider to provide to the Council the Services specified in this Call-Off Contract on the terms set out in this Call-Off Contract.

Each Call Off Contract is conditional upon the Council confirming receipt of the requisite funding for each Referral under this Call Off Contract.

**Agreed** by the Council and the Service Provider

|  |  |
| --- | --- |
| For and on behalf of the Council:**SIGNED by [*name*]** **Signature** **Position** **Date**  | For and on behalf of the Council:**SIGNED by [*name*]** **Signature** **Position** **Date**  |
| For and on behalf of the Service Provider: |

**SIGNED by [*name*]**

**Signature**

**Position**

(and duly authorised signatory)

**Date**

**Contract Order Form Details**

1. **Post-Adoption Therapy Services for ATV Open Framework Agreement Details**

The Post-Adoption Therapy Services forATV Open Framework Agreement is the Open Framework Agreement for the provision of Post-Adoption Therapy services entered into by the Council and the Service Provider with the expiry date set out below. The parties acknowledge that the Call-Off Contract Period may extend beyond such expiry date.

|  |  |
| --- | --- |
| **Date of Expiry of Open Framework Agreement** | 19th January 2026 (as may be extended in accordance with the Open Framework Agreement) |

1. **Call-Off Contract Duration**

This Call-Off Contract shall commence on the Call-Off Commencement Date (as set out below) and shall continue in force for the Call-Off Contract Period unless terminated in accordance with this Call-Off Contract.

|  |  |
| --- | --- |
| **Call-Off Commencement Date** |  |
| **Call-Off Contract Period** |  |
| **Notice period for the Council to extend the Call-Off Contract Period (Condition 2.2)** |  |
| **Maximum period in aggregate for which the Council may extend the Call-Off Contract Period (Condition 2.2)** |  |

1. **Contact Details**

|  |  |
| --- | --- |
| **Council’s Contact****Email****Telephone number** |  |
| **Service Provider’s Representative** **Email****Telephone number** |  |

1. **Services**

|  |  |
| --- | --- |
| **Services Required** | *[Refer to relevant section of Schedule 1 (Specification) of the Open Framework Agreement]* |

1. **Call-Off Contract Price**

|  |  |
| --- | --- |
| **Call-Off Contract Price**  | *[Refer to relevant section of Schedule 2 (Finance) of the Open Framework Particulars. Clarify which type of rate is applicable - hourly, sessional, daily or weekly.]* |

1. **Other Terms**

|  |  |
| --- | --- |
| **Other Call-Off Terms (**frequency of Review meetings, Desired Outcomes. | *[Refer to relevant section of Schedule 2 (Finance) of the Open Framework Particulars. Clarify which type of rate is applicable - hourly, sessional, daily or weekly.]* |