**Submit By E-mail (pdf with signature) TO CONTRACT MANAGEMENT:**

[outage.notice@ieso.ca](mailto:outage.notice@ieso.ca)

with a cc to [contract.management@ieso.ca](mailto:contract.management@ieso.ca)

Capitalized terms not defined herein have the meanings ascribed thereto in the Contract.

Pursuant to Section 15.3(b)(ii) of the Contract, the Supplier is hereby submitting this completed

Prescribed Form – Annual Operating Plan to the Buyer.

| Date | insert date |
| --- | --- |
| Contract Type | select Contract Type |
| Legal Name of Supplier | insert legal name of Supplier (the “Supplier”) |
| Name of Facility | insert name of Facility |
| Contract Title | insert contract title or Contract ID as appropriate (the “Contract”) |
| Contract Date | insert Contract Date |
| Contract Year No. | insert contract year number |
| Time Period | **From:** insert date **To:** insert date |

1. **Contract Capacity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Contract Capacity (MW)** | | | | | |
| **MONTHLY Contract Capacity for the Contract Year** | | | | | |
| **As Applicable** | | **As Applicable** | | **As Applicable** | |
| **May** |  | **Summer** |  | **Year** |  |
| **June** |  |
| **July** |  |
| **August** |  |
| **September** |  |
| **October** |  |
| **January** |  | **Winter** |  |
| **February** |  |
| **March** |  |
| **April** |  |
| **November** |  |
| **December** |  |

1. **Unit Outages**
   1. **Planned Outages**

**Assumptions:** include any/all assumptions

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Contract Month | Month/Year | Unit 1 | Unit 2 | Unit 3 | Unit 4 | Unit 5 | Unit 6 |
| Planned Outages (From / To and Number of Days) | | | | | |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |

* 1. **Unplanned Outages**

**Assumptions:** include any/all assumptions

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Contract Month | Month/Year | Unit 1 | Unit 2 | Unit 3 | Unit 4 | Unit 5 | Unit 6 |
| Unplanned Outages (%) | | | | | |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |

1. **Overall Availability**

**Assumptions:** include any/all assumptions

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Contract Month | Month/Year | Unit 1 | Unit 2 | Unit 3 | Unit 4 | Unit 5 | Unit 6 |
| Availability Outages (%) | | | | | |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |

1. **Non-Storage Facility Optional Designation of Sole Annual Planned Maintenance Month or Split Annual Planned Maintenance Months**

| The Supplier designates: | NO SOLE ANNUAL PLANNED MAINTENANCE MONTH OR SPLIT ANNUAL PLANNED MAINTENANCE MONTHS FOR THE TIME PERIOD.  insert month AS THE SOLE ANNUAL PLANNED MAINTENANCE MONTH FOR THE TIME PERIOD. (MAY ONLY BE APRIL, MAY, OCTOBER OR NOVEMBER).  insert month AND insert month AS THE SPLIT ANNUAL PLANNED MAINTENANCE MONTHS FOR THE TIME PERIOD. (MAY ONLY BE APRIL, MAY, OCTOBER OR NOVEMBER). |
| --- | --- |