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

contract.management@ieso.ca

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

Prescribed Form – Form of Annual Operating Plan to the Buyer.

| Date | insert date |
| --- | --- |
| 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)*. |