**Tender Response Form C1**

**Multiple Provider Frequency Keeping**

Please fill out all boxes below, and the tenderer’s name in the header of every page.

|  |  |  |  |
| --- | --- | --- | --- |
| Details of capability | | | |
| FK Site | Control Min (MW) | Control Max (MW) | MW Band Constraints |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact details of two personnel entitled to submit, revise and cancel offers | | | | |
| FK Site | Name and designation | Hours available | Telephone number | Mobile number |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact details of personnel capable of carrying out Dispatch Instructions | | | | |
| FK Site | Name and designation | Hours available | Telephone number | Mobile number |
|  |  |  |  |  |

|  |
| --- |
| Details of Dispensations affecting relevant Performance Standards |
|  |

|  |
| --- |
| Term being tendered for (months) |
|  |