**Tender Response Form C2**

**Back-up Single Provider Frequency Keeping**

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

All prices to be exclusive of GST.

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| --- | --- | --- | --- |
| Details of capability | | | |
| FK Site | Control Min (MW) | Control Max (MW) | Availability Fee per month |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 |
|  |  |  |  |  |

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| Details of Dispensations affecting relevant Performance Standards |
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| Term being tendered for (months) |
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