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| **ISSUE / CHANGE FORM – SUMMARY SECTION** |

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| **Issue Title** |  | | |
| **ICF Number**  (AEMO to complete) |  | | |
| **Proponent Name** |  | **Proponent Company** |  |
| **Proponent Title** | Role of the Proponent | **Proponent Contact No** |  |
| **Proponent email** |  | | |
| **High-level Issue Impact Assessment** | High (Issue is likely having a significant impact on multiple Participants/Roles)  Medium (Issue is likely having a low to medium impact on multiple Participants/Roles)  Low (Issue may only be having a low impact on one or more Participants/Roles)  Impact justification: | | |
| **Potential Obligation Impact** | Will the resolution of this issue likely result in a change to a Participant’s obligations?  Yes  No  Unsure  If yes, which Participant Type(s) do you believe will be impacted?  FRMP  NSP  MC  MP  MDP  ENM  SGA  DRSP | | |
| **Participant Engagement** | Have you engaged potentially impacted Participants?  Yes  No  If no, please provide reason why you haven’t.  If yes, who have you engaged?  If yes, what feedback have they provided? | | |

ICF Revision History

| VERSION # | SUBMITTED TO | DATE |
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| **ISSUE / CHANGE – DETAILED REPORT SECTION** |

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| 1. Detailed description of the Issue |  |
| 2. How long has this issue existed? | Recently discovered/introduced  1-2yrs  2-5yrs  5+yrs |
| 3. What is the current impact on your organisation? |  |
| 4. Quantification of the impact on your organisation  (this content will be treated as confidential unless explicit consent is provided) | (e.g. number of customers impacted, number of FTEs required for workaround/exception handling, etc.) |
| 5. Are workarounds available and have they been implemented? | Workarounds have been identified but not yet implemented  Workarounds have been identified and implemented  No workarounds have been identified |
| 6. Describe your proposed change |  |
| 7. What are the likely benefits to AEMO, Participants or customers if your issue is resolved? | Improved Customer Outcomes  Improved Industry Efficiency  Compliance  Other, please describe  For each item checked above, please provide additional details as to how your proposed solution will achieve these outcomes? |
| 8. What is the likely impact to AEMO and/or other Participants in resolving your issue? | AEMO Procedural Changes required  AEMO/Participant System Changes required  AEMO/Participant Process Changes required  Other, please describe  For each item checked above, please provide additional details: |
| 9. Are there any critical timelines or Rules which should be considered? |  |
| 10. Supporting documentation provided? | Yes  No |

NB: ICFs submitted without required content will be returned to the proponent by AEMO for additional drafting.

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| **NEM ISSUE / CHANGE – RELEVANT ATTACHMENT(S)** |

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| **ATTACHMENT A**  **Proposed changes:** {*Procedure Name*}  ~~Red strikeout~~ means delete and  blue underline means insert |