

Forward Capacity Market Restoration Plan for the Existing Capacity Qualification

Capacity Commitment Period: _____

Lead Participant ID:	
Lead Participant Name:	
Resource ID:	
Resource Name:	
Resource Type:	

A Significant Decrease in capacity was calculated for the Resource for the Existing Capacity Qualification pursuant to Market Rule 1 Section III.13.1.2.2.4. This form must be submitted to ISO New England via the Forward Capacity Tracking System (FCTS) in a zip file including a schedule of major activities, drawings, etc., as necessary.

1. What is the cause of the Significant Decrease? (Check all that apply.)

The Resource did not test during the Summer Testing Period

The Resource tested, but failed to perform as expected

The Resource is currently physically constrained (operation, telemetry, etc.)

Explain:

The Resource is currently constrained for non-physical reasons (contractual, regulatory, etc.)

Explain:

Other

Explain:

2. Detailed plan of how the Resource intends to mitigate the shortfall. (2000 characters Max.)

