



Economic Planning Process Manual – Appendices

Appendix F Study Replication Request Form

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DRAFT – FOR DISCUSSION PURPOSES ONLY

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REQUEST FOR STUDY REPLICATION

1. The undersigned interested party (the “Requestor”) submits this request for the NYISO to conduct, pursuant to Attachment Y to the Open Access Transmission Tariff (“OATT”), a replication of the [Study to be designated by Requestor, referencing the applicable Section(s) 31.2.3.1, 31.2.7.1, 31.3.1.8, 31.5.4.5.1, and/or 31.4.11.1 of Attachment Y] (“Study Replication”).
2. Requestor shall be responsible for all reasonable actual costs incurred by the NYISO for the Study Replication. Such costs may include the cost of consultants and subcontractors retained by the NYISO, and the cost, if any, incurred by Transmission Owner(s) to supply study-related data when requested to do so by the NYISO.
3. Requests for Study Replication will be handled on a first-come, first-serve basis within the resource constraints of the NYISO. This provision shall not be construed to mean that the NYISO must complete and report the results of the Study Replications in the order that they were received.
4. When the scope and subject matter of two or more contemporaneous Study Replications overlap to any material degree, the NYISO, with the prior written agreement of each affected Requestor, will conduct the overlapping study replication work on a consolidated basis and allocate the cost of such overlapping work equally to each affected Requestor. Upon execution of the Study Replication Agreement, the Requestor will designate whether it is willing to entertain a joint study at any point in the future.
5. This Request For Study Replication must be accompanied by a refundable deposit of \$25,000 payable to “The New York Independent System Operator, Inc.” The Study Replication Agreement will require Requestor to deposit additional money as needed to cover the actual cost of the Study Replication. The NYISO will apply all deposits toward the costs it incurs for the Study Replication.
6. The NYISO will post on its website the following facts regarding this Request For Study Replication: (i) the identity of the Requestor; (ii) a general description of the Study Replication requested, and (iii) the date the NYISO received this Request For Study Replication.
7. The NYISO will conduct Study Replications throughout the year using the information, applicable database, and base case used in the study to be replicated.
8. The NYISO will acknowledge receipt of this Request For Study Replication within ten (10) business days and at that time will also tell Requestor whether additional information regarding the Study Replication needs to be submitted.
9. Following receipt of a complete Request For Study Replication, and the required deposit, the NYISO will meet with Requestor at a mutually agreeable time to discuss and determine the nature and scope of the Study Replication. The Study Replication scope will be recorded in the Study Replication Agreement.
10. The NYISO shall use Reasonable Efforts to complete the Study Replication by the date specified in the executed Study Replication Agreement.

11. Requestor may withdraw this Request For Study Replication by terminating the Study Replication Agreement in accordance with its Section 10.5 therein or, if the Study Replication Agreement has not yet been executed, the Requestor may terminate this Request For Study Replication by written notice to the NYISO. In the event that the Study Replication Agreement has been executed prior to termination, the NYISO, upon such termination, will cease work on the Study Replication and forward to Requestor either (i) an invoice for unpaid Study Replication costs or (ii) a refund of that portion of the deposit not required to cover unpaid Study Replication costs.

12. This Request For Study Replication shall be submitted via email to EconomicPlanning@nyiso.com with the subject titled "Request for Study Replication". The currently designated representative of the NYISO is:

Title: Manager, Economic Planning
Address: New York Independent System Operator
 10 Krey Blvd.
 Rensselaer, NY 12144
Telephone: 518-356-6000

13. Representative of Requestor to contact:

Name: _____
Title: _____
Address: _____

Email: _____
Telephone: _____
Fax: _____

14. This Request For Study Replication is submitted by:

Requestor: _____
By (signature): _____
Name of
Representative
(type or print): _____
Title: _____
Date: _____