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|  **STAKEHOLDER ASSESSMENT FORM– SUMMARY SECTION *(For Stakeholder to complete and return to AEMO. The PPC is to accompany this form)*** |

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| ***This section will be completed by AEMO*** |
| ***Issue Number*** | **IN012/11** |
| Impacted Jurisdiction(s) | VictoriaQueenslandSouth Australia |
| Proponent | Nandu Datar | Company | AEMO |
| Proponent e-mail | Nandu.datar@aemo.com.au | Proponent phone | 03 9609 8851 |
| Affected Gas Market(s)* Retail
* Wholesale
* Bulletin Board
* STTM
 | Gas Retail | Date proposal sent to AEMO |  |
| Industry Consultative forum used | GRCF | Other Working Groups used |  |
| Short Title | Process to identify the previous FRO in order to correct erroneous transfers |
| Other key contact information  | grcf@aemo.com.au  |

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| ***STAKEHOLDER DETAILS*** |
| **This section will be completed by the Stakeholder** |
| Company |  | Contact Person (who prepared this assessment) |  |
| Date Assessment completed  |  | Contact Person Phone |  |
| Contact Person e-mail |  |

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| **STAKEHOLDER ASSESSMENT – DETAILED RESPONSE SECTION** |

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| **IMPACT ASSESSMENT SECTION** |
| 1. Provide a brief description of impact in terms of what applications / programming modules / business processes your organisation needs to change |  |
| 2. Are there any customer impacts? |  |
| 3. The likely implementation effect of the change(s) on stakeholder. (e.g. Risk assessment, regulatory framework etc.)  |  |
| 4. In terms of importance, using a scale from 1 to 10 (1 less important, 10 extremely important) how important is this change for your organisation taking into account the industry as a whole? |  |
| **ESTIMATED COSTS ASSESSMENT SECTION** |
| 5. What are your organisations estimated costs to implement (e.g. Business process and/or IT Systems)?  |  |
| 6. What (if any) are the ongoing yearly costs to operate and maintain these changes? (e.g. 3 staff for old system or 4 for new system, the incremental costs would be 1 staff member to move to new system, not 4 staff members)  | Example: The ongoing costs are $XXXXXXX per year for XX years $ XXXXXX or for perpetuity. |
| 7. In relation to the estimated costs are there any specific comments you wish to include? | Example: Costs include the redesign and the initial printing of new forms estimated to cost $XXXXXX and staff training estimated to cost $ XXXXXX. |
| **BENEFITS ASSESSMENT SECTION** |
| **TANGIBLE BENEFITS** |
| 8. If the proposed changes were implemented, briefly describe your organisation’s initial benefits (if any). | Example: sale of redundant IT systems (e.g. old servers that have been replaced). |
| 9. What is the initial dollar return should the proposed changes be implemented?  |  |
| 10. Briefly describe what (if any) ongoing yearly benefits to your organisation? | Example: Automation of widget validation when MIBB reports are received. These results in the removal of 2 FTE’s from the manual checking process. |
| 11. What are the ongoing yearly benefits (if any) in terms of dollars and the period (number of years) for this? | The ongoing benefits are $XXXXXX.XX per year for XX years or for perpetuity. |
| **INTANGIBLE BENEFITS** |
| 12. If the proposed changes were implemented, briefly describe the intangible benefits you think will accrue to your organisation and / or industry as a whole.  | Example: Single contact point for widget validation, which result in improved customer service. Customers will only need to fill in a single widget form, and the form will no longer need to be verified by the supervisor and the connection time for gas supply is estimated to be reduced by 2 working days. |
| **GENERAL COMMENTS** |
| 13. Does your organisation support this change?  | Example: All things considered, our organisation supports the proposed change. |