

May 20, 2013

Fort Bend County Social Services
Attn: Robert Hebert, County Judge
4520 Reading Road, Suite A
Rosenberg, Texas 77471

Re: Letter Agreement for Reliant Energy Retail Services, LLC CARE Program ("CARE")

Dear Judge Hebert:

Reliant Energy Retail Services, LLC (Reliant Energy is a certified Retail Electric Provider serving residential customers in *Fort Bend County*) is required to establish and maintain an energy assistance program in accordance with the rules and regulation of the Public Utility Commission of Texas. *Fort Bend County Social Services (FBSS)* is an established nonprofit organization that has a proven record of managing energy assistance and heat relief programs and is capable of processing Reliant Energy's customer payment assistance in an efficient, effective manner. On or before July 31, 2013, Reliant Energy will contribute \$40,000.00 to *Fort Bend County Social Services (FBSS)* in support of the 2013 Reliant Energy CARE Program. The purpose of the contribution is to provide funding for energy assistance payments to Reliant Energy customers under the CARE program.

The fund contributed to *Fort Bend County Social Services* for energy assistance payments must be deposited in a depository bank account held in trust for Reliant Energy. *Fort Bend County Social Services* will not discriminate during the distribution of CARE fund because of race, creed, color, national origin, ancestry, sex, marital status, lawful source of income, level of income, disability, financial status, and location of customer in an economically distressed geographic area. *Fort Bend County Social Services (FBSS)* will accept enrollment applications from potential clients and qualify Reliant Energy customers as eligible recipients in accordance with the following Reliant Energy CARE Program qualifications:

1. Each *Fort Bend County Social Services (FBSS)* client recipient of the CARE contribution must be a Reliant Energy customer with an **active account**.
2. The *Fort Bend County Social Services (FBSS)* client recipient name must match the Reliant Energy customer account name.
3. All *Fort Bend County Social Services (FBSS)* client recipients of the CARE contribution are eligible for a one time annual payment in an amount not to exceed \$300 in accordance with the *Fort Bend County Social Services (FBSS)*'s hardship criteria or the recipient may receive multiple Assistance payments on their account as long as the cumulative amount does not exceed the maximum annual payment limit of \$300.

Letter of Agreement for Reliant Energy Retail Services, LLC CARE Program

Fort Bend County Social Services (FBSS) will submit a monthly report to Reliant Energy on or before the last day of each month until the entire contribution fund balances is depleted. Reports should be submitted for all months even if fund were not distributed. The monthly reports should be submitted to the Reliant Energy Agency Desk before the 10th of each month. All funds that are not utilized or pledged to provide assistance to qualifying Reliant customers by December 31, 2013, can rollover to the following year. *Fort Bend County Social Services (FBSS)* must also comply with the CARE Program Guidelines outlined in Attachment A. *Fort Bend County Social Services (FBSS)* will keep records of all transactions relating to the distribution of Reliant Energy CARE contribution for a period of 2 year(s) and will allow Reliant Energy full access during normal business hours to inspect, audit or reproduce any and all such records and books of *Fort Bend County Social Services (FBSS)* related to this agreement.

Reliant Energy can terminate this agreement at any time during the year by providing 30 days advance written notice to *Fort Bend County Social Services (FBSS)*. In the event this agreement is terminated, *Fort Bend County Social Services (FBSS)* must comply with the directions contained in the notice and take any necessary action to terminate the work under this agreement. To acknowledge your agreement to and acceptance of the terms and conditions outlined in this letter and Attachment A, please sign below on both letters. Keep one copy of your records and return one letter to Reliant Energy. If you have any questions, you can contact Grenda Monroe at 713-537-2811 or Misty White 713-5372164.

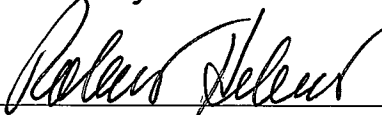
Sincerely,



Manuel Rodriguez
Vice President, Sponsorships, Events and Charitable Giving

AGREED AND ACCEPTED:

Fort Bend County Social Services

By: 

Robert Hebert, County Judge

Date: 6-25-2013

EXHIBIT A

1. Each *Fort Bend County Social Services* recipient of the CARE contribution must be a Reliant Energy customer with an active account.
2. The *Fort Bend County Social Services* client recipient name must match the Reliant Energy customer name.
3. All *Fort Bend County Social Services* client recipients of the CARE contribution are eligible for a maximum annual payment not to exceed \$300. The assistance payment may be a one-time payment of up to \$300 in accordance with *Fort Bend County Social Services* hardship criteria or the recipient may receive multiple assistance payments as long as the account annual total does not exceed the maximum \$300 limit.

EXHIBIT B

CARE Program Guidelines and Information

In an effort to implement the CARE Program efficiently, Reliant Energy provides important guidelines and information that will assist you in administering the Program. Please distribute and discuss these guidelines in a training session with all volunteers and staff.

Reliant Energy Contacts Information

- Grenda Monroe (Agency Desk) 713-537-2811
Gayl Waddy (Agency Desk) 713-537-2864

How the Program Works

- Agency qualifies active Reliant Energy customer
- Agency contacts Reliant Energy Agency Desk via phone or fax to make an inquiry or pledge on behalf of the customer
- Agency remits payment to Reliant Energy (address provided below) and include documentation that denotes CARE payment --see attached example
- Payment should be remitted within 30-45 days from the pledge date
- Agency sends to Reliant Energy a monthly report via fax or email recording activity and balance of funds at the end of each month or no later than the 10th day of the following month.

Standard Payment Remittance Address

Reliant Energy Retail Services, LLC
P. O. Box 1046
Houston, Texas 77251-1046
Attn: CARE, Special Services

Electronic Payment Information

If your agency is interested in setting up an electronic payment process via EFT (Electronic Funds Transfer), contact Levas Johnson at ljohnson@reliant.com or call 713-537-2774.

Monthly Reporting Requirements

Prepare attached monthly report form and fax or email to:

Grenda Monroe, Reliant Energy, gmonroe@reliant.com
fax 713-488-5469
toll-free fax 1-866-367-0343

**Reliant Energy CARE
Monthly Report Form**

Please complete this form and send to Reliant Energy on the last day of each month.

Agency: Fort Bend County Social Services

Agency Address: 4520 Reading Road, Suite A, Rosenberg, TX 77471-2133

Date: _____ (mm/dd/yr)

Report Period _____ (mm/dd/yr) to _____ (mm/dd/yr)

Amount of initial CARE funds received	
Balance Forward	
Reliant Care Deposit	
Amount of funds paid during this period	
Amount of funds paid year to date	
Number of CARE recipients this period	
Balance of CARE funds	

Email : Reliant Energy
Grenda Monroe
gmonroe@reliant.com
or fax 713-488-5469 or toll-free fax 1-888-363-3574

Agency Authorized Signature: _____

MONTH

[illegible]