



March 2, 2016

Robert Hebert, County Judge
Fort Bend County Social Services
4520 Reading Road Ste. A
Rosenberg,, TX 77471

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

Dear Mr. Robert Hebert:

Reliant Energy Retail Services, LLC (Reliant Energy) is a certified Retail Electric Provider serving residential customers in *Fort Bend County* and 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* 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 May 1, 2016, Reliant Energy will contribute \$20,000.00 to *Fort Bend County Social Services* in support of the 2016 Reliant Energy CARE Program. An additional contribution payment in the amount of \$20,000.00 will be made to *Fort Bend County Social Services* on or before July 31, 2016. The purpose of these contributions is to provide funding for energy assistance payments to Reliant Energy customers under the CARE program.

The funds 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 funds 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* 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* client recipient of CARE contributions 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 account name.
3. All *Fort Bend County Social Services* client recipients of CARE contributions are eligible for a one time annual payment in an amount not to exceed \$300.00 in accordance with the *Fort Bend County Social Services'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 \$300.00.

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

Fort Bend County Social Services 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 the balance is zero. 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, 2016, can rollover to the next year. *Fort Bend County Social Services* must also comply with the CARE Program Guidelines outlined in Attachment A. *Fort Bend County Social Services* will keep records of all transactions relating to the distribution of Reliant Energy CARE contributions 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* 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*. In the event this agreement is terminated, *Fort Bend County Social Services* 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 for your records and return one letter back to **Reliant Energy attention Yolanda Guillory**. If you have any questions, you may contact Grenda Monroe at 713-537-2811 or Bill Clayton at 713-488-5528.

Sincerely,



William Clayton

Executive Director –NRG Retail Charitable Foundation

AGREED AND ACCEPTED:

Fort Bend County

By: _____




Robert Hebert, County Judge

Date: _____

April 12, 2016

APPROVED AS TO FORM:*



4/17/16

Date

ATTACHMENT A

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 staffs.

Reliant Energy Contacts Information

Grenda Monroe (Agency Desk) 713-537-2811
Gayl Morris (Agency Desk) 713-537-2864
Yolanda Guillory (Care Coordinator) 713-537-2671

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 Reliant 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 (report form will be emailed to you)

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 lavjohnson@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
1-866-367-0343

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Reliant Energy Retail Services, LLC
Houston, TX United States

Certificate Number:
2016-30905

Date Filed:
03/24/2016

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Fort Bend County Health & Human Services

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.
R645-RELIANTCR
Reliant Care Program 2016

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Reliant Energy Retail Holdings, LLC	Houston, TX United States	X	
Sotos, Christopher S.	Princeton, NJ United States	X	
Callen, David	Princeton, NJ United States	X	
Killinger, Elizabeth R.	Houston, TX United States	X	
Gaudette, Robert J.	Houston, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard W. Panzeri, this the 24th day of March, 20 16, to certify which, witness my hand and seal of office.

[Handwritten Signature] _____
Signature of officer administering oath

Cathy Hightower _____
Printed name of officer administering oath

Notary _____
Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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Certificate Number:
2016-30905

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2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County Health & Human Services

Date Acknowledged:
04/12/2016

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

R645-RELIANTCR
Reliant Care Program 2016

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	Sotos, Christopher S.	Princeton, NJ United States	X	
	Callen, David	Princeton, NJ United States	X	
	Killinger, Elizabeth R.	Houston, TX United States	X	
	Gaudette, Robert J.	Houston, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath