



March 8, 2017

Fort Bend County  
Robert Hebert, County Judge  
301 Jackson Street  
Richmond, TX 77469

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

Dear Robert Hebert, County Judge:

Reliant Energy Retail Services, LLC (Reliant Energy) is a certified Retail Electric Provider serving residential customers in *The Texas ERCOT Market* 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* 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, 2017, Reliant Energy will contribute \$30,000.00 to *Fort Bend County* in support of the 2017 Reliant Energy CARE Program. An additional contribution payment in the amount of \$30,000.00 will be made to *Fort Bend County* on or before July 31, 2017. 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* for energy assistance payments must be deposited in a depository bank account held in trust for Reliant Energy. *Fort Bend County* 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* 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:

- Each *Fort Bend County* client recipient of CARE contributions must be a Reliant Energy customer with an active account.
- The *Fort Bend County* client recipient name must match the Reliant Energy customer account name.
- All *Fort Bend County* 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'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.

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

*Fort Bend County* will submit a monthly report to Reliant Energy at the end of each month or no later than the 10<sup>th</sup> day of the following 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 Assistance Team before the 10<sup>th</sup> of each month. All funds that are not utilized or pledged to provide assistance to qualifying Reliant customers by December 31, 2017, can rollover to the next year. *Fort Bend County* must also comply with the CARE Program Guidelines outlined in Attachment A. *Fort Bend County* 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* related to this agreement.

**Form 1295 Compliance.** Reliant acknowledges and agrees that it has fully, accurately, and completely disclosed all interested parties in the attached Form 1295, and has acknowledged the completeness of this disclosure by filing the Form 1295, attached as Exhibit B, with the Texas Ethics Commission as required by law.

Reliant Energy can terminate this agreement at any time during the year by providing 30 days advance written notice to *Fort Bend County*. In the event this agreement is terminated, *Fort Bend County* 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 Gayl Morris at 713-537-2864 or Yolanda Guillory at 713-537-2671.

Sincerely,



Leanne Schneider

Executive Director –NRG Retail Charitable Foundation

SIGNED AND EXECUTED this 25<sup>th</sup> day of April, 2017.

COUNTY OF FORT BEND

STATE OF TEXAS



Robert Hebert  
County Judge

## **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**

Gayl Morris (Credit Operations – Agency Assistance Manager) 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 10<sup>th</sup> 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: Credit Operations – Agency Assistance

### **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](mailto:lavjohnson@reliant.com) or call 713-537-2774.

### **Monthly Reporting Requirements**

Prepare attached monthly report form and fax or email to:

Credit Operations – Agency Assistance  
[CreditOpsAgency@nrg.com](mailto:CreditOpsAgency@nrg.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:  
2017-182574

Date Filed:  
03/24/2017

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:

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 services, goods, or other property to be provided under the contract.

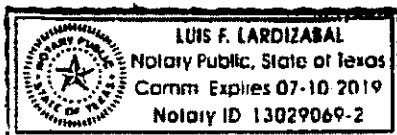
R645-RELIANTCR  
Reliant Care Program 2017

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	

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.



AFFIX NOTARY STAMP / SEAL ABOVE

*[Signature]*  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Richard w. Panceri, this the 24<sup>th</sup> day of March 2017, to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

Luis Lardizabal  
Printed name of officer administering oath

Public notary  
Title of officer administering oath

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\_\_\_\_\_  
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