|  |  |  |  |
| --- | --- | --- | --- |
| RMGRR Number |  | RMGRR Title | Appendix Removal and Clean up of the Competitive Retailer Safety Net Spreadsheet |
| Date Posted | |  | |
|  | |  | |
| Requested Resolution | | Normal | |
| Retail Market Guide Sections Requiring Revision | | 7.4.1.4, Standard and Priority Safety-Net Procedures  7.10.2.2, Safety-Net Move Out Procedures During an Extended Unplanned System Outage  Section 9, Appendix A1: Competitive Retailer Safety Net Request (Delete) | |
| Related Documents Requiring Revision/Related Revision Requests | | None | |
| Revision Description | | This Retail Market Guide Revision Request (RMGRR) removes Section 9, Appendix A1: Competitive Retailer Safety Net Request and cleans up the Competitive Retailer Safety Net Spreadsheet. | |
| Reason for Revision | | Addresses current operational issues.  Meets Strategic goals (tied to the [ERCOT Strategic Plan](http://www.ercot.com/content/news/presentations/2013/ERCOT%20Strat%20Plan%20FINAL%20112213.pdf) or directed by the ERCOT Board).  Market efficiencies or enhancements  Administrative  Regulatory requirements  Other: (explain)  *(please select all that apply)* | |
| Business Case | | This RMGRR clarifies the content and format of the Competitive Retailer Safety Net Spreadsheet within the RMG. Furthermore, removing Section 9, Appendix A1: Competitive Retailer Safety Net Request, eliminates conflicts between the appendix and language found in Section 7.4 and 7.10. | |

|  |  |
| --- | --- |
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| Market Segment | N/A |

|  |  |
| --- | --- |
| **Market Rules Staff Contact** | |
| **Name** |  |
| **E-Mail Address** |  |
| **Phone Number** |  |

|  |
| --- |
| Proposed Guide Language Revision |

7.4.1.4 Standard and Priority Safety-Net Procedures

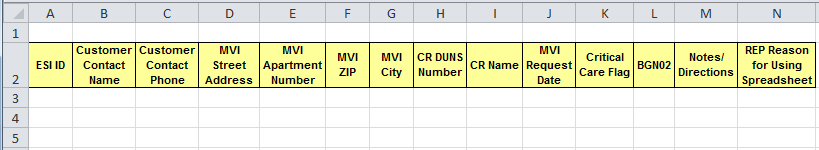
(1) Safety-net Move-In Requests are initiated by the REP via an e-mail to the TDSP at the TDSP’s e-mail address indicated below in Table 4a, TDSP Safety-Net E-mail Address.

**Table 4a. TDSP Safety-Net E-mail Address**

| **TDSP** | **TDSP Safety-Net E-mail Address** |
| --- | --- |
| AEP | aepbaoorders@aep.com |
| CNP | CNP.Priority@CenterPointEnergy.com |
| Oncor | contactcenter@oncor.com  If requesting same day service, include “Priority MVI” in subject line. |
| SU | ERCOTSafetyNets@sharyland.com  Please utilize separate spreadsheets for Sharyland and Sharyland McAllen Safety-nets |
| TNMP | safetynet@tnmp.com |

(2) The REP will attach the Microsoft Excel© spreadsheet with the safety-net acceptable data content in the format as indicated below in Table 4b, Safety-Net Spreadsheet Format to the e-mail. Row 1 of the Spreadsheet is reserved for a title but is optional at the discretion of the CR. The Field Name header row shall begin on row 2 as shown below in the Example for Safety-Net Spreadsheet Layout. The spreadsheet data content shall begin on row 3.

Example for Safety-Net Spreadsheet Layout



| Table 4b. Safety-Net Spreadsheet Format**Column** | **Field Name** | | **Note** | | | **Data Attributes** | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type** | **Length**  **(Min. / Max.)** |
| (1) | ESI ID | | (required) | | | AN | 1 Min. / 80 Max. |
| (2) | Customer Contact Name | | (required) | | | AN | 1 Min. / 60 Max. |
| (3) | Customer Contact Phone | | (required if available) | | | AN | 1 Min. / 80 Max. |
| (4) | MVI Street Address | | (required) | | | AN | 1 Min. / 55 Max. |
| (5) | MVI Apartment Number | | (if applicable) | | | AN | 1 Min. / 55 Max. |
| (6) | MVI ZIP | | (required) | | | ID | 3 Min. / 15 Max. |
| (7) | MVI City | | (required) | | | AN | 2 Min. / 30 Max. |
| (8) | CR DUNS Number | | (required) | | | AN | 2 Min. / 80 Max. |
| (9) | CR Name | | (prefer D/B/A to corporate name) | | | AN | 1 Min. / 60 Max. |
| (10) | MVI Request Date | | (required) | | | DT | 8 Min. / 8 Max. |
| (11) | Critical Care Flag | | (optional) | | | AN | 1 Min. / 30 Max. |
| (12) | BGN02 | | (required) | | | AN | 1 Min. / 30 Max. |
| (13) | Notes/Directions | | (optional) | | | AN | 1 Min. / 80 Max. |
| (14) | REP Reason for Using Spreadsheet | | (optional –free form) | | | AN | 1 Min. / 80 Max. |
|  | | |  | |  |  | | | |

7.10.2.2 Safety-Net Move Out Procedures During an Extended Unplanned System Outage

(1) Safety-net Move-Out Requests are initiated by the REP via an e-mail to the TDSP at the TDSP’s e-mail address indicated below in Table 2, TDSP E-mail Address for Safety-Net Move Outs During anExtended Unplanned System Outage.

**Table 2. TDSP E-mail Address for Safety-Net Move Outs During an Extended Unplanned System Outage**

| **TDSP** | **TDSP E-mail Address for Safety-Net Move Outs During an Extended Unplanned System Outage** |
| --- | --- |
| AEP | aepbaoorders@aep.com |
| CNP | CNP.Priority@CenterPointEnergy.com |
| Oncor | utiltxn@oncor.com |
| SU | ERCOTSafetyNets@sharyland.com |
| TNMP | safetynet@tnmp.com |

(2) The REP will attach the Microsoft Excel© spreadsheet with the safety-net acceptable data content in the format as indicated below in Table 3, Safety-Net Move Out Spreadsheet Format Used During an Extended Unplanned System Outage, to the e-mail. Row 1 of the Spreadsheet is reserved for a title but is optional at the discretion of the CR. The Field Name header row shall begin on row 2 as shown below in the Example for Safety-Net Move Out Spreadsheet Format Used During an Extended Unplanned System Outage Layout. The spreadsheet data content shall begin on row 3.

Example for Safety-Net Move Out Spreadsheet Format Used During an Extended Unplanned System Outage Layout

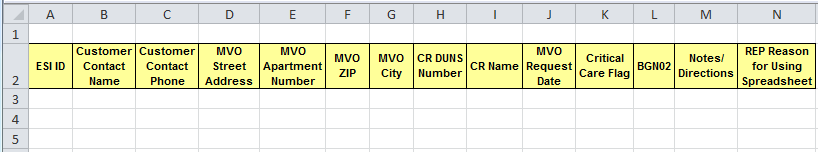


Table 3. Safety-Net Move Out Spreadsheet Format Used During an Extended Unplanned System Outage

| Column | Field Name | Note | Data Attributes | |
| --- | --- | --- | --- | --- |
| Type | Length  (Min. / Max.) |
| (1) | ESI ID | (required) | AN | 1 Min. / 80 Max. |
| (2) | Customer Contact Name | (required) | AN | 1 Min. / 60 Max. |
| (3) | Customer Contact Phone | (required if available) | AN | 1 Min. / 80 Max. |
| (4) | MVO Street Address | (required) | AN | 1 Min. / 55 Max. |
| (5) | MVO Apartment Number | (if applicable) | AN | 1 Min. / 55 Max. |
| (6) | MVO ZIP | (required) | ID | 3 Min. / 15 Max. |
| (7) | MVO City | (required) | AN | 2 Min. / 30 Max. |
| (8) | CR DUNS Number | (required) | AN | 2 Min. / 80 Max. |
| (9) | CR Name | (prefer D/B/A to corporate name) | AN | 1 Min. / 60 Max. |
| (10) | MVO Request Date | (required) | DT | 8 Min. / 8 Max. |
| (11) | Critical Care Flag | (optional) | AN | 1 Min. / 30 Max. |
| (12) | BGN02 | (required) | AN | 1 Min. / 30 Max. |
| (13) | Notes/Directions | (optional) | AN | 1 Min. / 80 Max. |
| (14) | REP Reason for Using Spreadsheet | (optional –free form) | AN | 1 Min. / 80 Max. |

**Section 9: Appendices**

**Appendix A1: Intentionally Left Blank**

**TBD**

Appendix A1







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