**CONFIDENTIALITY AGREEMENT (CA) FOR RECEIPT OF PROTECTED INFORMATION FROM ELECTRIC RELIABILITY COUNCIL OF TEXAS INC. (ERCOT) PERFORMANCE, DISTURBANCE, COMPLIANCE WORKING GROUP (PDCWG)**

WHEREAS, the undersigned (Receiving Party) is a Market Participant (MP) as that term is defined in the ERCOT Protocols, equipment manufacturer, or Subject Matter Expert in the Inverter Based Resource field and is considered to be a member of Inverter Based Resource Task Force (IBRTF). The IBRTF will assess, review, and/or recommend improvements and mitigation activities to support performance of inverter-based technologies in order to ensure reliability and conformance to operating criteria of ERCOT, North American Electric Reliability Corporation (NERC) and other appropriate entities. . IBRTF is a task force reporting to the Reliability and Operations Subcommittee (ROS) of the Technical Advisory Committee (TAC).

WHEREAS, in conjunction with that participation, the Receiving Party will review and/or use the confidential information of other MPs, IBRTF members, or ERCOT; and

WHEREAS, to protect proprietary interests in such information, it is essential that the confidentiality of such information be protected;

THEREFORE, Receiving Party, in consideration for receiving such information, agrees as follows:

1. Receiving Party agrees to treat as confidential any data, documents and/or information it receives pursuant to its participation on IBRTF which is/are: (1) marked confidential and/or (2) considered Protected Information pursuant to the ERCOT Protocols (Confidential Information).
2. All Confidential Information is provided “AS IS” with no warranties, express or implied.
3. Receiving Party agrees that it will treat the Confidential Information as Protected Information pursuant to the ERCOT Protocols. Receiving Party agrees to be bound by all requirements, procedures and obligations set forth in the ERCOT Protocols with respect to such Protected Information.
4. Receiving Party agrees that neither it nor its representatives shall use Confidential Information for any purpose other than in conjunction with Receiving Party’s participation in the Committee.
5. Receiving Party shall notify ERCOT of any misappropriation or misuse of the Confidential Information that comes to its attention.
6. Receiving Party shall return or destroy all Confidential Information: (1) upon ERCOT’s request or (2) upon Receiving Party’s termination of participation on IBRTF.
7. THIS CA SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH THE LAWS OF THE STATE OF TEXAS APPLICABLE TO AGREEMENTS MADE AND TO BE PERFORMED WITHIN SUCH STATE WITHOUT REGARD TO THE CONFLICT OF LAWS PRINCIPLES THEREOF.
8. The confidentiality obligations of this CA shall survive any termination or expiration hereof, unless the confidentiality of the information disclosed has already expired pursuant to the ERCOT Protocols.

By signature hereto, the signatory represents that he or she has full power and authority to act on behalf of his or her organization, in the representative capacity set forth below.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: Name of Officer Title: Title of Officer

Market Participant Name: Market Participant

**Confidentiality Agreement Certification**

I hereby certify that I have read the “CONFIDENTIALITY AGREEMENT (CA) FOR RECEIPT OF PROTECTED INFORMATION FROM ELECTRIC RELIABILITY COUNCIL OF TEXAS INC. (ERCOT) INVERTER BASED RESOURCE TASK FORCE (IBRTF)” and understand its requirements. I further certify that I am authorized by my employer to serve as a IBRTF member and will abide by and comply with the requirements of the CA. This certification will remain in effect until I provide notice to ERCOT that I should no longer receive Protected Information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBRTF Member Name: Name of IBRTF Member

IBRTFMember Email: Email of IBRTF Member

IBRTF Member Phone Number: Phone Number of IBRTF Member

Market Participant Name:

Market Participant Entity Type: [ ]  QSE [ ]  RE [ ] TSP [ ] OEM [ ] SME

Market Participant DUNS Number(if applicable):

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ §

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COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ §

Before me, a notary public, on this day personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that s/he signed the certification in the capacity designated, if any, and further states that s/he has read the certification and the statements therein contained are true and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public