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| **Texas SET Change Control Request Form** **Change Control Number: 2022-839** **Implementation Version: 4.0A**  |

**This Section Is Completed by Submitter of Change Control Request Only:**

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| **Submitter Name:** **Kathy Scott** | **Submitting Company Name:** CenterPoint Energy  | **Phone Number:** 713-582-8654 |
| **Date of Submission:**September 15, 2022 | **Affected TX SET Transaction(s):** 810\_02 | **Submitter’s E-Mail Address:** Kathy.Scott@CenterPointEnergy.com |
| **Texas SET Issue cross-reference number:** N/A | Protocol Impact (Y/N):N |
| **Detailed Description and Reason for Proposed Change(s):**CenterPoint Energy (CNP) is requesting a new SAC04 Code be added to the 810\_02 TDSP Invoice TX SET transaction will assist Competitive Retailers (CRs) in uniquely identifying this change and also allows CNP with the ability to track and provide specific reporting when necessary. New Rider added into Tariff Section: **6.1.1.6.14** **RIDER TEEEF – TEMPORARY EMERGENCY ELECTRIC ENERGY FACILITIES (TEEEF)** **New Rider is being considered by PUCT in DOCKET 53442**: APPLICATION OF CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC FOR APPROVAL TO AMEND ITS DISTRIBUTION COST RECOVERY FACTOR CNP is requesting that addition of this new specific:  SAC04 Code: “**MSC057**”  Description: “**Temporary Emergency Electric Energy Facilities (TEEEF)”**Please see attached TX SET 810\_02 TDSP Invoice list of SAC 04 codes redline version below:  |
| **NOTE:** Requester must complete above fields and include a redlined example of modifications to each impacted implementation guide. This must be included at the time the request form is submitted.**Please submit this completed form via e-mail to**txsetchangecontrol@ercot.com and RMS Chair***.*** |

**For ERCOT Change Control Manager Use Only:**

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| **Texas SET Recommendation:**Recommend Approving for 4.0A | **Recommendation for Emergency (Y/N):** Y | **Date of TX SET Recommendation:**09/21/2022 |
| **Detailed Description and Reason for Revision:** October 13, 2022, meetingThis is not a discretionary charge.  |
| **RMS Decision:** | **Emergency (Y/N):** | **Date of RMS Decision:** |
| **Summary of RMS Discussion:**  |