**Emergency Pricing Program**

**Attestation for Marginal Cost Recovery Submission**

|  |  |
| --- | --- |
| Date Completed |  |
| Operating Day(s) Impacted |  |
| Resource(s) Impacted |  |
| **QSE Information** |   |
|  Name |  |
|  Duns Number |  |

By signing below, the undersigned QSE affirms that, as of the date listed below and to the best of the undersigned's knowledge:

* The marginal cost dispute submission is complete, true, and correct;
* All marginal costs listed in this submission are accurate;
* No fixed costs were included in this submission, as described in ERCOT Protocols; and
* If the marginal fuel costs exceed the High System-Wide Offer Cap (HCAP), the following provision also applies: all marginal fuel costs included in this submission are solely related to the provision of fuel or services directly related to the provision of the purchased fuel.

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| --- |
| **Officer of or Executive with Authority to Bind QSE** |
| Signature: |
| Printed Name: |
| Title: |
| Date: |
| E-mail Address: |
| **Primary Contact Regarding the Marginal Cost Dispute Submittal** |
| Signature: |
| Printed Name: |
| Title: |
| Phone Number: |
| E-mail Address: |