|  |  |  |  |
| --- | --- | --- | --- |
| **SMOGRR Number** | [**033**](https://www.ercot.com/mktrules/issues/SMOGRR033) | **SMOGRR**  **Title** | **Move OBD to Section 12 – TDSP Cutover Form for EPS Metering Points** |
| **Date of Decision** | | July 30, 2025 | |
| **Action** | | Recommended Approval | |
| **Timeline** | | Normal | |
| **Estimated Impacts** | | Cost/Budgetary: Less than $5k (Operations & Maintenance (O&M))  Project Duration: No project required | |
| **Proposed Effective Date** | | Upon system implementation | |
| **Priority and Rank Assigned** | | Not applicable | |
| **Settlement Metering Operating Guide Sections Requiring Revision** | | 3.2.4, TDSP Cutover Form  Section 12, Attachment D, TDSP Cutover Form for EPS Metering Points (new) | |
| **Related Documents Requiring Revision/Related Revision Requests** | | TDSP Cutover Form for EPS Metering Points (Upon implementation of this Settlement Metering Operating Guide Revision Request (SMOGRR), this will be removed from the Other Binding Documents List.) | |
| **Revision Description** | | This SMOGRR incorporates the Other Binding Document “TDSP Cutover Form for EPS Metering Points” into the Settlement Metering Operating Guide to standardize the approval process. | |
| **Reason for Revision** | | [Strategic Plan](https://www.ercot.com/files/docs/2023/08/25/ERCOT-Strategic-Plan-2024-2028.pdf) Objective 1 – Be an industry leader for grid reliability and resilience  [Strategic Plan](https://www.ercot.com/files/docs/2023/08/25/ERCOT-Strategic-Plan-2024-2028.pdf) Objective 2 - Enhance the ERCOT region’s economic competitiveness with respect to trends in wholesale power rates and retail electricity prices to consumers  [Strategic Plan](https://www.ercot.com/files/docs/2023/08/25/ERCOT-Strategic-Plan-2024-2028.pdf) Objective 3 - Advance ERCOT, Inc. as an independent leading industry expert and an employer of choice by fostering innovation, investing in our people, and emphasizing the importance of our mission  General system and/or process improvement(s)  Regulatory requirements  ERCOT Board/PUCT Directive  *(please select ONLY ONE – if more than one apply, please select the ONE that is most relevant)* | |
| **Justification of Reason for Revision and Market Impacts** | | This SMOGRR is published for transparency and to standardize the approval process for all binding language. | |
| **WMS Decision** | | On 5/7/25, WMS voted unanimously to recommend approval of SMOGRR033 as submitted. All Market Segments participated in the vote.  On 6/4/25, WMS voted unanimously to endorse and forward to TAC the 5/7/25 WMS Report and 3/20/25 Impact Analysis for SMOGRR033. All Market Segments participated in the vote. | |
| **Summary of WMS Discussion** | | On 5/7/25, ERCOT Staff provided an overview of SMOGRR033.  On 6/4/25, participants reviewed the Impact Analysis. | |
| **TAC Decision** | | On 7/30/25, TAC voted unanimously to recommend approval of SMOGRR033 as recommended by WMS in the 6/4/25 WMS Report. All Market Segments participated in the vote. | |
| **Summary of TAC Discussion** | | On 7/30/25, there was no additional discussion beyond TAC review of the items below. | |
| **TAC Review/Justification of Recommendation** | | Revision Request ties to Reason for Revision as explained in Justification  Impact Analysis reviewed and impacts are justified as explained in Justification  Opinions were reviewed and discussed  Comments were reviewed and discussed (if applicable)  Other: (explain) | |

|  |  |
| --- | --- |
| Sponsor | |
| **Name** | Ann Boren |
| **E-mail Address** | [Ann.Boren@ercot.com](mailto:Ann.Boren@ercot.com) |
| **Company** | ERCOT |
| **Phone Number** | 512-248-6465 |
| **Cell Number** |  |
| **Market Segment** | Not Applicable |

|  |  |
| --- | --- |
| **Opinions** | |
| **Credit Review** | Not applicable |
| **Independent Market Monitor Opinion** | IMM has no opinion on SMOGRR033. |
| **ERCOT Opinion** | ERCOT supports approval of SMOGRR033. |
| **ERCOT Market Impact Statement** | ERCOT Staff has reviewed SMOGRR033 and believes it has a positive market impact by standardizing the approval process for binding language. |

|  |  |
| --- | --- |
| **Market Rules Staff Contact** | |
| **Name** | Brittney Albracht |
| **E-Mail Address** | [Brittney.Albracht@ercot.com](mailto:Brittney.Albracht@ercot.com) |
| **Phone Number** | 512-225-7027 |

|  |  |
| --- | --- |
| **Comments Received** | |
| **Comment Author** | **Comment Summary** |
| None |  |

|  |
| --- |
| **Market Rules Notes** |

To improve transparency, existing Other Binding Document language for new Section 12, Attachment D, is represented as blackline, with only proposed changes marked as redline.

|  |
| --- |
| **Proposed Protocol Language Revision** |

### *3.2.4 TDSP Cutover Form for EPS Metering Points*

(1) Section 12, Attachment D, TDSP Cutover Form for EPS Metering Points, should be submitted 14 days before the requested cutover date.

(2) This form shall be submitted by the TDSP to facilitate the transfer of information required to add or remove an EPS Meter point in the ERCOT Data Aggregation System (DAS).

**Settlement Metering Operating Guide**

**Section 12**

**Attachment D**

**TDSP Cutover Form for EPS Metering Points**

**TBD**

**TDSP Cutover Form for EPS Metering Points**

***Purpose:*** *This form shall be submitted by the TDSP to facilitate the transfer of information required to add or remove an EPS meter point in ERCOT settlement systems for:*

* *Generation Facilities*
* *NOIE Boundary Metering Points*
* *Other Qualified Metering Points*

***Instructions:***

* *Submit completed form to* [*EPSmetering@ercot.com*](mailto:EPSmetering@ercot.com) *and* [*DataLoadingandAggregation@ercot.com*](mailto:DataLoadingandAggregation@ercot.com)*.*
* *This form should be submitted no later than 14 calendar days before the requested cutover date.*
* *This form does not replace other documentation requirements from Market Participants.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Meter Point Identification & Certification Information** | | | | |
| TDSP Project # | |  | Design Proposal Approval Date |  |
| Facility Name from the approved Design Proposal | | |  | |
| Unit or Load Name(s) from the approved Design Proposal | | |  | |
| Meter ID(s) from the approved Design Proposal | | |  | |
| Date that the metering point(s) was/were/will be certified by a TDSP EPS Meter Inspector and verified to be in compliance with ERCOT Protocols and SMOG | | | |  |
| Date that the meter(s) established/will establish successful communications with the ERCOT MDAS group | | | |  |
| ***Start Date for cutover***, adding a meter point(s)  (Date that ERCOT will provide data for Settlement) (N/A if only stopping meters) | | | |  |
| ***Stop Date for cutover***, removing a meter point(s)  (Date that ERCOT will stop providing data for Settlement) (N/A if only starting meters) | | | |  |
| Comments |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **2. TDSP Contact Information** | | | | | |
| TDSP name | |  | | Form completion date |  |
| TDSP contact requesting cutover | | |  | Contact phone number |  |
| TDSP contact e-mail address | | |  | | |
| Comments |  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **3. TDSP Verification of Resource Agreement with TDSP Proposed Cutover Date** | | | | | |
| Resource company name | | |  | | |
| Resource contact name | |  | | Contact phone number |  |
| Resource contact e-mail address | |  | | | |
| Date the resource contact agreed with the cutover date. | | | | |  |
| Comments |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. ERCOT Information** | | | |
| ERCOT verifies that the ERCOT systems are ready for the metering point to be established/removed as an EPS metering point. Cutover date for this metering point is approved by ERCOT as indicated below. | | | |
| Date cutover form approved by ERCOT |  | ERCOT representative |  |
| Comments |  | | |