

Request for Qualifications and Pricing for the City of Reynoldsburg

#	Exhibit Title	Description ("N/A" If Not Submitted)
1	Certification	PUCO and any other relevant Certifications
2	Plan of Operation and Governance	
3	Opt-Out List Preparation	How Company ensures accuracy of Opt-out List
4	Sample Opt-Out Letter	Provide a copy of the opt-out letter used in your most recent Ohio natural gas government aggregation program
5	Description of Alternative product pricing (If Proposed)	

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Question	Response
COMPANY INFORMATION	
a) Organization	
Company Name	
CEO / President	
List Parent, Affiliate, Subsidiary companies	
Number of Employees	
Number of Ohio Employees (Based on Office Location)	
Principal Address	
Office Conducting Proposed Program Management	
Ohio Office Address	
Ohio Office Address (if multiple)	
Primary Contact Information - RFQ and Pricing Proposal Coordination	
Primary Contact Information - Proposed Program Administration	<p style="text-align: right;">Name: _____</p> <p>Title: _____</p> <p>Phone#: _____</p> <p>Email: _____</p>
Subcontractors or vendors that would support this engagement (i.e., in support of solicitation, promotion, advertising, etc.), if any	
b) Investigations	

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Question	Response
COMPANY INFORMATION	
Describe any of Company's criminal, civil or administrative investigations within the past 10 years. Include description of circumstances, parties involved, resolution and outcome.	
c) Defaults	
Describe any contractual default or deemed noncompliance by Company. Include description of circumstances, parties involved, resolution and outcome.	
d) References	
Please provide three (3) Company references	
1 Reference 1	
2 Reference 2	
3 Reference 3	
e) Additional Information	
Additional information to differentiate Supplier	

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RFP Section / Question	Response
Required General Qualifications	
Company assumes all risk and responsibility for providing an unlimited supply of Natural Gas to the City of Reynoldsburg residents and qualifying companies in the Columbia Gas of Ohio regions.	
a) Certifications	
Federal ID Number	
Ohio Public Utilities Certification #	
Original and Current Certification Dates	
Ohio Public Utilities Certification Expiration Date	
Please attach copy of PUCO Certificate	"Co.Name_ Exhibit 1, Certification"
b) Experience	
Do you currently serve government aggregation programs in the applicable LDC? If so , how many?	
1 List 3 natural gas government aggregation programs that you currently serve in this LDC.	
Program #1 (last awarded)	
Program #2 (first previous)	
Program #3 (next previous)	
2 List the natural gas government aggregation programs that were terminated, canceled, or suspended prior to expiration of the full term.	
Program Termination #1	

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RFP Section / Question	Response
Termination #1 (briefly describe dispute, resolution, any pending lawsuits or unresolved claims, and current status)	
Program Termination #2	
Termination #2 (briefly describe dispute, resolution, any pending lawsuits or unresolved claims, and current status)	
3 List any adverse findings, penalties or probations issued by a regulatory entity against Company.	

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Question	Response
Scope of Services	
a) Regulatory Compliance	
<p>Company agrees to assist the City in meeting all regulatory requirements to be a government aggregator for natural gas, including but not limited to the items indicated herein.</p>	
b) Plan of Operation & Governance (POOAG)	
<p>Company agrees to Complete Plan of Operation & Governance by (Input date to have POOAG completed):</p>	
<p>Attach a Draft Plan of Operation and Governance. Tailor to Proposed program based on information provided in this RFP</p>	<p>Attach sample Plan of Operation "Co.Name_Exhibit 2, POOAG"</p>
c) Opt-Out Process	
<p>Company agrees to conduct all aspects of the Opt-out process including initial and refresher opt-out notices, providing all Opt-out materials to the PUCO, mailing notices, receiving and acting on returned notices and finalizing the aggregation customer pool list from the utility</p>	
<p>Attach description of Company's procedures for finalizing and scrubbing list received from utility.</p>	<p><Co.Name_Exhibit 3_Opt-Out List Preparation></p>

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Question	Response
Scope of Services	
d) Customer Service Program	
Customer Service Program and Call Center Description.	
Location of office Conducting Customer Service	
Plan to handle questions and concerns (including those associated with the Opt-Out Notices) about the aggregation program	
Process to handle formal complaints	
Process to handle informal complaints	
e) Call Center	
Location fo Call Center.	
Provide Metrics of Call Center Effectiveness:	
Average hold time (minutes)	
Average time to complete calls (after answer)	
Average number of calls per enrollee per year	
Percentage calls with resolution on first call	
Agree to facilitate City or its representatives to listen to customer calls throughout the program.	

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Question	Response
Scope of Services	
Any additional information to provide about Company's U.S. call center and customer service effectiveness	

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Question		Response	
Products & Rates			
a) Product Types			
1 Proposed pricing for Fixed, Full Requirements, Burner-Tip Product			
Residential		12-month	24-month
Columbia Gas of Ohio			
Commercial			
Columbia Gas of Ohio			
2 Proposed pricing for NYMEX +, Full Requirements, Burner-Tip Product			
Residential		12-month	24-month
Columbia Gas of Ohio			
Commercial			
Columbia Gas of Ohio			
3 Proposed pricing for alternative product			
Residential		12-month	24-month
Columbia Gas of Ohio			
Commercial			
Columbia Gas of Ohio			
b) Rate Development Assumptions			
Indicative date for proposed pricing	Must use NYMEX close of business 2/9/2017		
Estimated Start Month	June 2017 Meter Reads / July 2017 Billing Cycle		

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Question	Response			
Products & Rates				
Pass through fees. There will be no pass through fees as part of this program.				
Switching Fees. Supplier will cover any switching fees.				
Early termination fee. There will be no early termination fees as part of this program.				
c) Company Proposed Alternative Product / Pricing Design				
Propose any alternative product and pricing program that is not adequately described and addressed above. Please include a description, pricing and compare and contrast to other products and pricing above, including any carve-outs, pass-throughs and savings projections.				

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Signature and Attestation	
The undersigned hereby attests that the information provided herein is true and accurate to the best of the undersigned's knowledge and that the undersigned has read and understands the requirements of the Request for Proposal. The undersigned further states that he / she is duly authorized and has legal capacity to submit this response on behalf of the Company and bind said Company hereto.	
By:	
Name:	
Its:	
Date:	