Form Approved
OMB No. 1902-XXXX
Expires on: XX/XX/XX

SURVEY QUESTIONS

Note: Point the cursor at a bold-blue highlighted term to see the glossary definition of the term.

Q1. Please provide the following identification and contact information:

Entity Identification: Enter the full legal name of the industry participant (entity) for which the survey is being completed. Your entity's ID number will automatically appear. If it does not, please contact FERC at 1-866-208-3676. Choose from the drop-down menu, the type of entity for whom you are filing.

Entity Name:		Entity ID No.:	auto-filled	Entity Type:	drop-down
--------------	--	----------------	-------------	--------------	-----------

Survey Contact:

First Name:	Last Name:	Email address:
Title:	Phone No.:	Fax No.:
Address 1:	Address 2:	City:
State:	Zip Code:	Country:

Survey Contact's Supervisor:

First Name:	Last Name:	Email address:
Title:	Phone No.:	Fax No.:
Address 1:	Address 2:	City:
State:	Zip Code:	Country:

Form Approved
OMB No. 1902-XXXX
Expires on: XX/XX/XX

Q2. Enter the state and report the total number of **advanced meters** being used for advanced metering purposes and the total number of <u>all</u> meters being used. Report the data as of the end of calendar year 2009 by **customer sector** for each state.

Note: Advanced meters measure and record usage data at a minimum, in hourly intervals, and provide usage data to both consumers and energy companies at least once daily. Data are used for billing and other purposes. Advanced meters include basic hourly interval meters and extend to real-time meters with built-in two-way communication capable of recording and transmitting instantaneous data.

	Residential		Commercial and Industrial		Other (for example, transportation, agricultural)	
State	Number	Total	Number	Total	Number	Total
	of	number of	of	number	of	number of
	advanced	meters	advanced	of meters	advanced	meters
	meters	(all types)	meters	(all types)	meters	(all types)

Form Approved
OMB No. 1902-XXXX
Expires on: XX/XX/XX

ENTITIES WITHOUT DEMAND RESPONSE PROGRAMS OR TIME-BASED RATES/TARIFFS

If the **entity** for which you are providing information **OFFERS demand response programs** or **time-based rates/tariffs**, please **SKIP Q3** and answer the questions that follow beginning with Q4.

Note: A demand response program includes a company's service/program/tariff related to demand response, or the change in customer electric usage from normal consumption patterns in response to changes in the price of electricity over time or in response to incentive payments designed to induce lower electricity use at times of high wholesale market prices, or a change in electric usage by end-use customers at the direction of a system operator or an automated preprogrammed control system when system reliability is jeopardized.

Q3. Enter the **number** of **retail electric customers** and retail electric meters your entity has as of the end of calendar year 2009, by **customer sector**, **ONLY** if the **entity** for which you are filing **DOES NOT** offer any **demand response programs** or **time-based rates/tariffs**.

Enter the information separately for each regional entity in which your entity operates. If entities are split across regional entity

boundaries, please fill out one row per regional entity.

NERC Regional Entity	Residential		Commerc Indust		Other (for example, transportation, agricultural)	
	Customers	Meters	Customers	Meters	Customers	Meters
drop-down						
drop-down						
drop-down						

If the **entity** for which you are providing information **DOES NOT** offer any **demand response** or **time-based rates/tariffs**, after answering this question, **YOU ARE FINISHED WITH THE SURVEY**. Please submit it to FERC as specified in the instructions.

.....

Form Approved
OMB No. 1902-XXXX
Expires on: XX/XX/XX

ENTITIES WITH DEMAND RESPONSE PROGRAMS OR TIME-BASED RATES/TARIFFS

Q4. For those retail customers that are provided data concerning the amount and frequency of their electricity use which is measured at least hourly, please provide the **number** of customers who have the capability to receive these data via each of the following methods.

Customer Sector	Via the Internet	On their Bills/Invoices	Via a Display Unit (e.g., an In-Home Display Monitor)
Residential			
Commercial and Industrial			
Other (for example, transportation, agricultural)			

Form Approved
OMB No. 1902-XXXX
Expires on: XX/XX/XX

Q5. Provide your **entity's** near- and long-term plans for new **demand response programs** and **time-based rates/tariffs**.

rough 2015
Average Potential Peal Reduction (MW)

Form Approved
OMB No. 1902-XXXX
Expires on: XX/XX/XX

Q6.	The remaining survey questions must be answered for each state within each NERC regional entity in which your entity operates.					
	NERC regional entity:					
	state:					

Q7. Provide your entity's **number** of retail customers, by **customer sector**, for the state and **NERC regional entity** (selected in Question 6) in which your entity operates. If you do not serve retail customers, leave entries blank.

Residential	Commercial and Industrial	Other (for example, transportation, agricultural)		

(Paper filers note: photocopy this page and the pages that follow, as many times as necessary to provide the requested information. For example, if the filing entity operates in Minnesota and North Dakota within the Midwest Reliability Organization, the filer will need two copies of this page, one with the information for Minnesota and the second with the information for North Dakota.)

Form Approved
OMB No. 1902-XXXX
Expires on: XX/XX/XX

Q8. Provide the following information for each **demand response program** and **time-based rate/tariff** your **entity** offered directly to retail customers during calendar year 2009, by **customer sector**, for the following **regional entity** and state:

NERC regional entity:	MRO – Midwest Reliability Organization	state:	Minnesota		
Customer Sector (C sectors, complete Q8 sector?" box at botton glossary.)	drop-do	wn			
Program name					
Program description					
one offered by your ecomplete Q8, then er of the form. The form may enter information	the drop-down list provided, choose the program that entity. If the entity offers more than one program for the entity offers more than one program for the enter "Y" in the "Enter another program for this custom will then save your information and return you to the for another program offered to the selected custom program types on the last page of the glossary.)	the selected of er sector?" be top of the fo	ox at the bottom orm so that you	drop-do	wn
Number of customers	5				
Maximum demand	of customers (MW)				
Potential peak redu	` '				
	duction attributed to program (MW)				
•	ogram was called or activated (enter "na" if not app	· · · · · · · · · · · · · · · · · · ·			
Are participants in the time-based rates/ta	e program excluded from taking part in other demand r <mark>iffs</mark> ?	d response p	orograms or	Y/N	
Participation (Please	Participation (Please see the glossary for definitions of mandatory participation, opt-in, and opt-out)				
Please enter the end					
Amount of Potential	peak reduction enrolled in RTO and/or ISO demand	l response pr	ograms (MW)		
Other comments (ple	ase specify)				
Enter another progra	m for this customer sector? Y/N mer sector? Y/N				

Form Approved
OMB No. 1902-XXXX

Expires on: XX/XX/XX

Q9. Provide the following information for each **demand response program** your **entity** offered to **wholesale customers** and **curtailment service providers** during calendar year 2009, for the **regional entity** and state:

NERC Regional entity:	MRO – Midwest Reliability	state:	Minnesota		
	WHOLESALE PROGRA	M/TARIF	F		
Program name (If the then enter "Y" in the Respondents filing a complete Q9 for eac	form.				
Program description					
most closely matche the list of program ty	ose from the drop-down list provided, t s to the one offered by your entity. Par pes on the last page of the glossary.)			drop-down	
Potential peak redu	iction (MW)				
Realized demand re	eduction attributed to program (MW)				
Minimum reduction	required for participation (MW)				
Response time (hou	urs)				
Energy payment fo	r MWh curtailed (\$/MWh)				
Minimum payment	rate (\$/MWh)				
Capacity payment					
Minimum duration o	of event (hours)				
Maximum duration	of event (hours)				
Specific event limit	s (Number)				
Bid limit (maximum	acceptable bid) (\$/MWh)				
Program start date ((MM/YYYY)				
Program end date	(MM/YYYY)				
Minimum term (yea	rs)				
Are participants in the response programs	and	Y/N			
May participants in t	his program be charged penalties ? (Y	or N)		Y/N	
Enter another program for the regional entity and state? Y/N					
Report information for	or another state within the regional enti	ty? ☐ Y/N			
Report information for	or another regional entity?				