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June 27, 2005

Advice No. 3509
(U 904 G)

Public Utilities Commission of the State of California

Subject: New CARE Application for Migrant Farm Worker Housing Centers

Southern California Gas Company (SoCalGas) hereby submits for filing revisions to its tariff schedules, applicable throughout its service territory, as shown on Attachment B.

Purpose

In compliance with Ordering Paragraph (OP) 24 of Decision (D.) 05-04-052 in Rulemaking (R.) 04-01-006, SoCalGas hereby revises its tariffs and establishes a new California Alternate Rates for Energy (CARE) application for Migrant Farm Worker Housing Centers (MFHC).

Background

On September 21, 2004, the Governor signed into law Assembly Bill (AB) 868, which categorically extends the CARE discount to migrant farm housing centers. Migrant farm housing centers house seasonal farm workers in various agricultural regions of California. The legislation amends California Health and Safety Code 50710.1 to allow an entity operating a MFHC to be "deemed eligible" for the CARE program due to the presumed income levels of the occupants.

Consistent with D.05-04-052, issued April 21, 2005, the Commission approved new program requirements which supercede the previous eligibility criteria that 100 percent of the residents in California Office of Migrant Services (OMS) farm worker housing centers be eligible for CARE in order for the facility to qualify for the CARE discount. In addition, the Commission found that non-profit MFHC, even if not managed by the OMS, shall be categorically eligible to receive the CARE discount. Privately owned and non-migrant, non-profit facilities, however, must still meet the 100 percent eligibility criteria to receive the discount.

Pursuant to OP 24 of D.05-04-052, SoCalGas is revising its tariffs as follows:

- 1) The Qualified Agricultural Employee Housing Facilities Special Condition (SC) in both Schedule No. GN-10L, Core Commercial and Industrial Service, Income-

Qualified, and Schedule No. GT-10L, Core Aggregation Transportation Commercial and Industrial Service, Income-Qualified, is revised as follows:

- The SC is divided into two subsections: Migrant Farm Worker Housing Centers, and a combined Privately-Owned Employee Housing and Nonprofit, Non-Migrant, Agricultural Employee Housing. This provides for segregating the new MFHC provisions pursuant to AB 868. The various components of the subsections are renumbered accordingly. Components that were previously shared are restated, and revised as required.
 - In the MFHC Subsection a., the requirements are removed that for facilities with individually-metered usage, all usage (100%) must be residential, and that for master-metered facilities, at least 70% of the energy consumed on the CARE rate must be used for residential purposes. In addition, all income requirements have been removed pursuant to AB 868.
 - In Subsection a., references to the below mentioned new Form 6635 have been appropriately updated.
 - The title for Subsection b. incorporates "Non-Migrant" to differentiate from the MFHC subsection.
 - In Subsection b., the components that only apply to MFHC are deleted.
- 2) The Applicability Section of GN-10L and GT-10L is revised by changing the phrase "income requirements" to "requirements" as there are no income-eligibility requirements for nonprofit migrant farm worker housing centers per AB 868.
 - 3) Rule No. 1, Definitions, is revised to modify the definition of Qualified Agricultural Employee Housing Facility to comply with the provisions of AB 868.
 - 4) New CARE Application for Migrant Farm Worker Housing Centers (Form 6635) is established to provide the CARE discount to serve migrant farm housing centers and non-profit migrant farm worker housing centers.
 - 5) Form 6632 (Qualified Agricultural Employee Housing Application) is revised to reflect that it applies to privately owned and non-migrant, non-profit agricultural employee housing facilities.

SoCalGas is continuing its efforts to identify agricultural housing centers in its service territory, and is ready to offer the CARE discount to such customers upon request.

This filing will not create any deviations from SoCalGas' tariffs, cause withdrawal of service from any present customers, or impose any more restrictive conditions.

Protest

Anyone may protest this Advice Letter to the California Public Utilities Commission. The protest must state the grounds upon which it is based, including such items as financial and service impact, and should be submitted expeditiously. The protest must be made in writing and received within 20 days of the date of this Advice Letter. There is no restriction on who may file a protest. The address for mailing or delivering a protest to the Commission is:

CPUC Energy Division
Attention: Tariff Unit
505 Van Ness Avenue
San Francisco, CA 94102

Copies of the protest should also be sent via e-mail to the attention of both Jerry Royer (jjr@cpuc.ca.gov) and Honesto Gatchalian (jnj@cpuc.ca.gov) of the Energy Division. A copy of the protest shall also be sent via both e-mail and facsimile to the address shown below on the same date it is mailed or delivered to the Commission.

Attn: Sid Newsom
Tariff Manager - GT14D6
555 West Fifth Street
Los Angeles, CA 90013-1011
Facsimile No. (213) 244-4957
E-Mail: snewsom@semprautilities.com

Effective Date

SoCalGas believes that this filing is subject to Energy Division disposition and therefore respectfully requests that this advice letter become effective July 27, 2005, which is 30 calendar days after the date filed.

Notice

A copy of this advice letter is being sent to the parties listed on Attachment A, which includes the interested parties in R.04-01-006.

J. STEVE RAHON
Director
Tariffs and Regulatory Accounts

Attachments

CALIFORNIA PUBLIC UTILITIES COMMISSION

ADVICE LETTER FILING SUMMARY ENERGY UTILITY

MUST BE COMPLETED BY UTILITY (Attach additional pages as needed)

Company name/CPUC Utility No. **SOUTHERN CALIFORNIA GAS COMPANY/ U 904 G**

Utility type:

ELC GAS
 PLC HEAT WATER

Contact Person: Sid Newsom

Phone #: (213) 244-2846

E-mail: snewsom@semprautilities.com

EXPLANATION OF UTILITY TYPE

ELC = Electric GAS = Gas
 PLC = Pipeline HEAT = Heat WATER = Water

(Date Filed/ Received Stamp by CPUC)

Advice Letter (AL) #: 3509

Subject of AL: Revision of tariffs and CARE applications to incorporate Migrant Farm Worker Housing Center provision of D.05-04-052 and AB 868

Keywords (choose from CPUC listing): CARE, Forms

AL filing type: Monthly Quarterly Annual One-Time Other _____

If AL filed in compliance with a Commission order, indicate relevant Decision/Resolution #:

D.05-04-052

Does AL replace a withdrawn or rejected AL? If so, identify the prior AL No

Summarize differences between the AL and the prior withdrawn or rejected AL¹: _____

Resolution Required? Yes No

Requested effective date: 7/27/05

No. of tariff sheets: 18

Estimated system annual revenue effect (%): N/A

Estimated system average rate effect (%): N/A

When rates are affected by AL, include attachment in AL showing average rate effects on customer classes (residential, small commercial, large C/I, agricultural, lighting).

Tariff schedules affected: GN-10L, GT-10L, Rule 1, Table of Contents, Sample Forms

Service affected and changes proposed¹: Incorporate the Migrant Farm Worker Housing Center Provisions of D.05-04-052 pursuant to AB 868

Pending advice letters that revise the same tariff sheets: None

Protests and all other correspondence regarding this AL are due no later than 20 days after the date of this filing, unless otherwise authorized by the Commission, and shall be sent to:

CPUC, Energy Division

Attention: Tariff Unit

505 Van Ness Avenue

San Francisco, CA 94102

jjr@cpuc.ca.gov and jnj@cpuc.ca.gov

Southern California Gas Company

Attention: Sid Newsom

555 West Fifth Street, ML GT14D6

Los Angeles, CA 90013-4957

snewsom@semprautilities.com

¹ Discuss in AL if more space is needed.

ATTACHMENT A

Advice No. 3509

(See Attached Service Lists)

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ATTACHMENT B
Advice No. 3509

| Cal. P.U.C. Sheet No. | Title of Sheet | Cancelling Cal. P.U.C. Sheet No. |
|--------------------------|---|-------------------------------------|
| Revised 39343-G | Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 1 | Revised 33690-G |
| Revised 39344-G | Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 6 | Revised 32629-G |
| Revised 39345-G | Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 7 | Revised 32630-G Original 32632-G |
| Revised 39346-G | Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 8 | Revised 39227-G Revised 32630-G |
| Revised 39347-G | Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 9 | Revised 39227-G Original 32632-G |
| Original 39348-G | Schedule No. GN-10L, CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 10 | Original 32632-G |
| Revised 39349-G | Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 1 | Revised 33695-G |
| Revised 39350-G | Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 7 | Revised 32639-G Revised 32641-G |
| Revised 39351-G | Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 8 | Revised 39229-G Revised 32639-G |
| Revised 39352-G | Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 9 | Revised 39229-G Revised 32641-G |
| Original 39353-G | Schedule No. GT-10L, CORE AGGREGATION TRANSPORTATION, COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED, Sheet 10 | Revised 32641-G |
| Revised 39354-G | Rule No. 01, DEFINITIONS, Sheet 13 | Revised 36715-G |
| Revised 39355-G | APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM FOR QUALIFIED AGRICULTURAL, EMPLOYEE HOUSING (Form 6632 - 06/05) | Revised 27500-G |

ATTACHMENT B
Advice No. 3509

| Cal. P.U.C. Sheet No. | Title of Sheet | Cancelling Cal. P.U.C. Sheet No. |
|--------------------------|--|-------------------------------------|
| Original 39356-G | APPLICATION FOR CALIFORNIA ALTERNATE RATES, FOR ENERGY PROGRAM FOR MIGRANT FARM WORKER, HOUSING CENTERS (Form 6635) | |
| Revised 39357-G | TABLE OF CONTENTS | Revised 39320-G |
| Revised 39358-G | TABLE OF CONTENTS | Revised 38907-G* |
| Revised 39359-G | TABLE OF CONTENTS | Revised 39240-G |
| Revised 39360-G | TABLE OF CONTENTS | Revised 39332-G |

Schedule No. GN-10L

Sheet 1

CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

APPLICABILITY

Applicable to natural gas core service, as defined in Rule No. 1, for uses at each Facility classified in Rule No. 23 as Priority 1, with usage not exceeding 250,000 therms per year (or 20,800 therms per month during the season when gas is used).

Eligibility for service hereunder is limited to Nonprofit Group Living Facilities and Qualified Agricultural Employee Housing Facilities (migrant farm worker housing centers, privately-owned employee housing, and agricultural employee housing operated by nonprofit entities) that meet the requirements for California Alternate Rates for Energy as defined in Rule No. 1, and Special Conditions 7 and 8. Eligibility information provided by the Applicant is subject to verification by the Utility.

The minimum term of service hereunder is one month, as described in Special Condition 5.

TERRITORY

Applicable throughout the service territory.

RATES

Customer Charge

Per meter, per day:

Annual usage of less than 1,000 therms per year:

| | |
|---|------------|
| All customers except "space heating only" | 26.301¢* |
| "Space heating only" customers: | |
| Beginning December 1 through March 31 | \$0.79339* |
| Beginning April 1 through November 30 | None |

Annual usage of 1,000 therms per year or more:

| | |
|---|------------|
| All customers except "space heating only" | 39.452¢* |
| "Space heating only" customers: | |
| Beginning December 1 through March 31 | \$1.19008* |
| Beginning April 1 through November 30 | None |

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3509
 DECISION NO. 05-04-052

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jun 27, 2005
 EFFECTIVE _____
 RESOLUTION NO. _____

Schedule No. GN-10L

Sheet 6

CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

NONPROFIT GROUP LIVING FACILITIES (Continued)

7. (Continued)

c. Self-Certification and Self-Recertification Requirements: Nonprofit group living facilities must provide proof of the appropriate state license to care for residents who, either temporarily or permanently, cannot function normally outside of the group home environment and certification from the appropriate state agency showing what services, besides lodging, are provided or any other documentation the Utility may reasonably require. Primary facilities must meet the licensing and certification requirements, but not their separately-metered affiliated facilities.

Homeless shelters must provide verification that at least six (6) beds each day or night are provided during a minimum 180 days each year for persons who have no alternate residence, and must provide proof of a valid municipal or county conditional-use permit or any other documentation the Utility may reasonably require. Nonprofit group living facilities are not required to be licensed or certified.

d. Self-Recertification Requirements: Facilities will be required to recertify on an annual basis. At the time of each annual self-recertification, the Utility shall require the facility to certify how it intends to pass on the rate discount.

e. Random Post-Enrollment Verification: The self-certification and self-recertification applications for CARE benefits, and certification of the flow-through of the rate discount, shall be made under penalty of perjury by the same individual who is responsible for the annual renewal of the facility's license from the appropriate state agency, when applicable. The accuracy of the self-certification or self-recertification applications may be subject to random post-enrollment verification by the Utility.

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES

8. The Utility shall offer the CARE discount to migrant farm worker housing centers; privately-owned employee housing, or agricultural employee housing operated by nonprofit entities that qualify as follows:

a. Migrant Farm Worker Housing Centers: The CARE discount shall apply to housing provided pursuant to Section 50710.1 (e) of the Health and Safety Code or a migrant, non-profit farm worker center pursuant to IRS Code 501(c)(3).

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(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3509
DECISION NO. 05-04-052

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Jun 27, 2005
EFFECTIVE _____
RESOLUTION NO. _____

Schedule No. GN-10L

Sheet 7

CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

8. (Continued)

a. Migrant Farm Worker Housing Centers (Continued)

- 1) Must be utility customer of record. T
- 2) Must provide copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or the facility's IRS Nonprofit Tax ID Form 501(c)(3), and proof of the facility's local property tax exemption from the County Assessor where the facility is located. L,T
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- 3) Service accounts receiving the discount are residential end-use accounts. T
- 4) The facility must use the savings from the reduction in energy rates to benefit the occupants. T
- 5) Upon completion of Form 6635, CARE Application for Non-profit Migrant Farm Worker Housing Centers, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill. T,N
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- 6) The Applicant must provide notification of any change that would remove or add to eligible service account in Form 6635. Customers who are found to be ineligible or fail to timely notify the Utility when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule. T
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- 7) The Applicant is required to update Form 6635 on an annual basis when notified by the Utility. N

b. Privately-Owned Employee Housing and Nonprofit, Non-Migrant, Agricultural Employee Housing T

- 1) Facility Eligibility Requirements: T
 - a) Privately-Owned Employee Housing: The CARE discount shall apply to housing conforming to Section 17008 of the Health and Safety Code (the Employee Housing Act), that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13. Energy usage in all facilities (100%) must be residential and individually metered. T

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(Continued)

(TO BE INSERTED BY UTILITY)
ADVICE LETTER NO. 3509
DECISION NO. 05-04-052

ISSUED BY
Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
DATE FILED Jun 27, 2005
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RESOLUTION NO. _____

Schedule No. GN-10L

Sheet 8

CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

8. (Continued)

b. Privately-Owned Employee Housing and Nonprofit, Non-Migrant, Agricultural Employee Housing (Continued)

1) Facility Eligibility Requirements (Continued)

b) Nonprofit, Non-Migrant, Agricultural Employee Housing: The CARE discount shall apply to housing conforming to Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code. For facilities with individually metered usage, all usage (100%) must be residential. For master-metered facilities, at least 70% of the energy consumed on the CARE rate must be used for residential purposes.

Employees operating and/or managing the facility who live in the facility are not considered residents for purposes of determining eligibility.

Energy used by offices, maintenance shops, or agriculture is not residential. Only residential and commercial usage, in the proportions defined above, qualifies for this rate.

The Applicant must be the customer of record for the facility. The Applicant is responsible for determining that each resident household meets the applicable income-eligibility standards. The Applicant must attest to this on Form 6632, CARE Qualified Agricultural Employee Housing Application, under penalty of perjury.

An authorized representative of the facility shall sign Form 6632 certifying that any savings derived from the discount shall be used for the direct benefit of the residents. Such direct benefit may be in the form of improved quality of care or improved food services, reduced rent or result in no rent increase or a reduced rate of increase in rent.

Upon completion of Form 6632 and acceptance, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill.

Facilities that have been qualified by the Utility under self-certification or self-recertification and are receiving the rate discount may be subject to random post-enrollment verification by the Utility.

Customers who are found to be ineligible or fail to timely notify the Utility when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

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(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3509
DECISION NO. 05-04-052

ISSUED BY

Lee Schavrien
Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED Jun 27, 2005
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Schedule No. GN-10L

CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

8. (Continued)

b. Privately-Owned Employee Housing and Nonprofit, Non-Migrant, Agricultural Employee Housing (Continued)

2) Income-Eligibility Requirements for Resident Households: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

| <u>Number of Persons In Household</u> | <u>Total Annual Household Income</u> |
|---|--|
| 1 or 2 | \$24,200 |
| 3 | \$28,400 |
| 4 | \$34,200 |
| 5 | \$40,000 |
| 6 | \$45,800 |
| 7 | \$51,600 |

For households with more than seven persons, add \$5,800 annually for each additional person living in the household.

No person claimed on another person's income tax return shall be eligible for this rate.

The owner or authorized representative of the facility shall notify the Utility within 30 days following any change that may impact the facility's eligibility for the discount.

3) Self-Certification and Self-Recertification Requirements: The Applicant must also provide copies of the following:

a) Privately Owned Employee Housing: a valid permit or license issued to the facility pursuant to Section 17030 of the Health and Safety Code.

b) Nonprofit, Non-Migrant Agricultural Employee Housing: the facility's IRS Nonprofit Tax ID Form 501(c)(3), and proof of the facility's local property tax exemption from the County Assessor where the facility is located.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3509
 DECISION NO. 05-04-052

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jun 27, 2005
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Schedule No. GN-10L

Sheet 10

CORE COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

8. (Continued)

b. Privately-Owned Employee Housing and Nonprofit, Non-Migrant, Agricultural Employee Housing (Continued)

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3) Self-Certification and Self-Recertification Requirements: (Continued)

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In the initial application, the facility must attest to how it intends to pass on the rate discount for the direct benefit of the facility's residents in the upcoming year.

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Facilities will be required to recertify on an annual basis. At the time of each annual self-recertification, the Utility shall require that the facility certify: (1) how it passed on the rate discount in the prior year, and (2) how it intends to pass on the rate discount in the upcoming year. An Applicant must show that a direct benefit was conferred on the facility's residents by demonstrating where the savings from the CARE rate will or has been reallocated.

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The Applicant must provide documentation showing how the CARE rate was used to directly benefit the facility's residents. Such supporting documentation includes, but is not limited to, accounting entries, dated receipts, and memoranda and letters to the residents describing the benefits conferred.

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4) Random Post-Enrollment Verification: The self-certification and self-recertification applications for CARE benefits, and certification of the flow-through of the rate discount, shall be made under penalty of perjury by the same individual who is responsible for the annual renewal of the facility's license from the appropriate state agency, when applicable. The accuracy of the self-certification or self-recertification applications is subject to random post-enrollment verification by the Utility.

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(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3509
 DECISION NO. 05-04-052

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ISSUED BY

Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED Jun 27, 2005
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 RESOLUTION NO. _____

Schedule No. GT-10L

Sheet 1

CORE AGGREGATION TRANSPORTATION
COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

APPLICABILITY

Applicable to aggregated Core Transportation Service for uses classified in Rule No. 23 as Priority 1. Service under this schedule is available to customers that elect to purchase natural gas from ESPs in accordance with Rule No. 32.

Eligibility for service under this schedule is limited to Nonprofit Group Living Facilities and Qualified Agricultural Employee Housing Facilities (migrant farm worker housing centers, privately-owned employee housing, and agricultural employee housing operated by nonprofit entities) that meet the requirements for California Alternate Rates for Energy (CARE) eligibility as defined in Rule No. 1, Definitions, and Special Conditions 13 and 14, respectively. Eligibility information provided by the Applicant is subject to verification by SoCalGas.

TERRITORY

Applicable throughout the service territory.

RATES

Customer Charge

Per meter, per day:

Annual usage of less than 1,000 therms per year:

| | |
|---|------------|
| All customers except "space heating only" | 26.301¢* |
| "Space heating only" customers: | |
| Beginning December 1 through March 31 | \$0.79339* |
| Beginning April 1 through November 30 | None |

Annual usage of 1,000 therms per year or more:

| | |
|---|------------|
| All customers except "space heating only: | 39.452¢* |
| "Space heating only" customers: | |
| Beginning December 1 through March 31 | \$1.19008* |
| Beginning April 1 through November 30 | None |

If the applicable customer charge is collected under another rate schedule, no duplicate charge is collected hereunder.

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3509
 DECISION NO. 05-04-052

ISSUED BY
Lee Schavrien
 Vice President
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Schedule No. GT-10L

Sheet 7

CORE AGGREGATION TRANSPORTATION
COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

14. (Continued)

a. Migrant Farm Worker Housing Centers: The CARE discount shall apply to housing provided pursuant to Section 50710.1 (e) of the Health and Safety Code or a migrant, non-profit farm worker center pursuant to IRS Code 501(c)(3).

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1) Must be utility customer of record.

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2) Must provide copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or the facility's IRS Nonprofit Tax ID Form 501(c)(3), and proof of the facility's local property tax exemption from the County Assessor where the facility is located.

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3) Service accounts receiving the discount are residential end-use accounts.

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4) The facility must use the savings from the reduction in energy rates to benefit the occupants.

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5) Upon completion of Form 6635, CARE Application for Non-profit Migrant Farm Worker Housing Centers, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill.

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6) The Applicant must provide notification of any change that would remove or add to eligible service account in Form 6635. Customers who are found to be ineligible or fail to timely notify the Utility when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

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7) The Applicant is required to update Form 6635 on an annual basis when notified by the Utility.

N

b. Privately-Owned Employee Housing and Nonprofit, Non-Migrant, Agricultural Employee Housing

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1) Facility Eligibility Requirements:

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a) Privately-Owned Employee Housing: The CARE discount shall apply to housing conforming to Section 17008 of the Health and Safety Code (the Employee Housing Act), that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13. Energy usage in all facilities (100%) must be residential and individually metered.

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(Continued)

(TO BE INSERTED BY UTILITY)
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ISSUED BY
Lee Schavrien
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Schedule No. GT-10L

Sheet 8

CORE AGGREGATION TRANSPORTATION
COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

14. (Continued)

b. Privately-Owned Employee Housing and Nonprofit, Non-Migrant, Agricultural Employee Housing (Continued)

1) Facility Eligibility Requirements (Continued)

b) Nonprofit, Non-Migrant, Agricultural Employee Housing: The CARE discount shall apply to housing conforming to Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code. For facilities with individually metered usage, all usage (100%) must be residential. For master-metered facilities, at least 70% of the energy consumed on the CARE rate must be used for residential purposes.

Employees operating and/or managing the facility who live in the facility are not considered residents for purposes of determining eligibility.

Energy used by offices, maintenance shops, or agriculture is not residential. Only residential and commercial usage, in the proportions defined above, qualifies for this rate.

The Applicant must be the customer of record for the facility. The Applicant is responsible for determining that each resident household meets the applicable income-eligibility standards. The Applicant must attest to this on Form 6632, CARE Qualified Agricultural Employee Housing Application, under penalty of perjury.

An authorized representative of the facility shall sign Form 6632 certifying that any savings derived from the discount shall be used for the direct benefit of the residents. Such direct benefit may be in the form of improved quality of care or improved food services, reduced rent or result in no rent increase or a reduced rate of increase in rent.

Upon completion of Form 6632 and acceptance, eligible facilities or their affiliates shall receive the discount commencing with the next regularly scheduled bill.

Facilities that have been qualified by the Utility under self-certification or self-recertification and are receiving the rate discount may be subject to random post-enrollment verification by the Utility.

Customers who are found to be ineligible or fail to timely notify the Utility when they no longer qualify for the rate discount may be subject to corrective rebilling under the appropriate rate schedule.

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(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3509
 DECISION NO. 05-04-052

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED Jun 27, 2005
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Schedule No. GT-10L

Sheet 9

CORE AGGREGATION TRANSPORTATION
COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

14. (Continued)

b. Privately-Owned Employee Housing and Nonprofit, Non-Migrant, Agricultural Employee Housing (Continued)

2) Income-Eligibility Requirements for Resident Households: An income-qualified household has total annual income from all sources (taxable and non-taxable) that is no more than shown in the table below for the number of persons in the household.

| <u>Number of Persons</u> <u>In Household</u> | <u>Total Annual</u> <u>Household Income</u> |
|---|--|
| 1 or 2 | \$24,200 |
| 3 | \$28,400 |
| 4 | \$34,200 |
| 5 | \$40,000 |
| 6 | \$45,800 |
| 7 | \$51,600 |

For households with more than seven persons, add \$5,800 annually for each additional person living in the household.

No person claimed on another person's income tax return shall be eligible for this rate.

The owner or authorized representative of the facility shall notify the Utility within 30 days following any change that may impact the facility's eligibility for the discount.

3) Self-Certification and Self-Recertification Requirements: The Applicant must also provide copies of the following:

a) Privately Owned Employee Housing: a valid permit or license issued to the facility pursuant to Section 17030 of the Health and Safety Code.

b) Nonprofit, Non-Migrant Agricultural Employee Housing: the facility's IRS Nonprofit Tax ID Form 501(c)(3), and proof of the facility's local property tax exemption from the County Assessor where the facility is located.

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 ADVICE LETTER NO. 3509
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ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

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Schedule No. GT-10L

Sheet 10

CORE AGGREGATION TRANSPORTATION
COMMERCIAL AND INDUSTRIAL SERVICE, INCOME-QUALIFIED

(Continued)

SPECIAL CONDITIONS (Continued)

QUALIFIED AGRICULTURAL EMPLOYEE HOUSING FACILITIES (Continued)

14. (Continued)

b. Privately-Owned Employee Housing and Nonprofit, Non-Migrant, Agricultural Employee Housing (Continued)

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3) Self-Certification and Self-Recertification Requirements: (Continued)

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In the initial application, the facility must attest to how it intends to pass on the rate discount for the direct benefit of the facility's residents in the upcoming year.

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Facilities will be required to recertify on an annual basis. At the time of each annual self-recertification, the Utility shall require that the facility certify: (1) how it passed on the rate discount in the prior year, and (2) how it intends to pass on the rate discount in the upcoming year. An Applicant must show that a direct benefit was conferred on the facility's residents by demonstrating where the savings from the CARE rate will or has been reallocated.

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The Applicant must provide documentation showing how the CARE rate was used to directly benefit the facility's residents. Such supporting documentation includes, but is not limited to, accounting entries, dated receipts, and memoranda and letters to the residents describing the benefits conferred.

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4) Random Post-Enrollment Verification: The self-certification and self-recertification applications for CARE benefits, and certification of the flow-through of the rate discount, shall be made under penalty of perjury by the same individual who is responsible for the annual renewal of the facility's license from the appropriate state agency, when applicable. The accuracy of the self-certification or self-recertification applications is subject to random post-enrollment verification by the Utility.

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(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3509
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ISSUED BY

Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED Jun 27, 2005
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 RESOLUTION NO. _____

Rule No. 01
DEFINITIONS

Sheet 13

(Continued)

Procurement Management Charge: Charges billed to ESPs participating in the Core Aggregation Transportation program that may arise from ESPs' management of procurement portfolios on behalf of customers served by the ESPs.

Qualified Agricultural Employee Housing Facility: Migrant farmworker housing center provided pursuant to Section 50710 (e) of the Health and Safety Code currently under contract to the Office of Migrant Services; privately-owned employee housing as defined by Section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13 of the Health and Safety Code; or agricultural employee housing operated by nonprofit entities as defined by Subdivision (b) of Section 1140.4 of the Labor Code exempted from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code. All usage (100%) must be residential except for master-metered non-migrant agricultural employee housing operated by a nonprofit entity where at least 70% of the energy consumed must be used for residential purposes. Each resident household in the facility (except migrant and non-profit farm worker housing centers pursuant to AB 868) must meet the CARE income-eligibility standards; however, an employee operating and/or managing the facility who lives in it is not considered a resident household for purposes of determining eligibility.

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Qualified Contractor/Subcontractor (QC/S): Applicant's contractor or subcontractor who: 1) Is licensed in California for the appropriate type of work such as, but not limited to, gas and general; 2) Employs workmen properly certified for specific required skills such as, but not limited to, plastic fusion and welding. Workmen shall be properly qualified; and 3) Complies with applicable laws such as, but not limited to, Equal Opportunity Regulations, OSHA and EPA.

Recreational Vehicle: Motor home, travel trailer, camper or camping trailer, with or without motive power, designed for recreational or emergency occupancy. Travel trailer or camping trailer may be moved on a public highway without a special permit or chauffeur's license. Recreational Vehicles are licensed by the Department of Motor Vehicles, and must comply with traffic laws.

Recreational Vehicle Park: Area or tract of land within an area zoned for recreational use; or a separate designated section within a mobilehome park. Lots are customarily occupied for temporary purposes (less than 30 days), and there is displayed in plain view a sign indicating that the recreational vehicle may be removed from the premises, for the reason specified in the Civil Code "Recreational Vehicle Park Occupancy Law". Sign must also contain the number of the local traffic law enforcement agency.

Red Team: Term referring to a California State-sponsored economic development effort whose principal goal is the creation and/or retention of business within the State of California. Red Teams typically consists of State and local governments, utilities and businesses who mobilize individuals and resources to negotiate, streamline and expedite the business retention, expansion or development process; identify and propose incentives; and recommend resolution of regulatory issues and requirements. Separate Red Teams are usually created for each project under the leadership or coordination efforts of the California Trade and Commerce Agency.

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(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3509
 DECISION NO. 05-04-052

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jun 27, 2005
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 RESOLUTION NO. _____

APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM FOR QUALIFIED AGRICULTURAL
EMPLOYEE HOUSING (Form 6632 - 06/05)

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3509
DECISION NO. 05-04-052

1P11

ISSUED BY

Lee Schavrien

Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED Jun 27, 2005

EFFECTIVE _____

RESOLUTION NO. _____



Application for California Alternate Rates for Energy (CARE) Program For Qualified Agricultural Employee Housing Facilities



INSTRUCTIONS

1. PLEASE READ ALL information and instructions before you complete, sign, and date this application. If you have questions, call 1-800-207-8567, Monday through Friday, 7:00 am-4:00 pm.
2. DETERMINE if the facility meets the definition of a qualified agricultural employee housing facility. The facility MUST meet ALL criteria to qualify for the 20% discount from the CARE Program.
3. COMPLETE the entire application (please print or type). Complete a separate application for each qualified facility (including satellite facilities).
4. ATTACH all required documents. (Application is considered incomplete without documents).
5. MAIL to: The Gas Company®
 CARE Program - ML 12F1
 PO Box 3249
 Los Angeles, CA 90051-1249

DISCOUNT

The CARE program provides a 20% discount off the utility bill for facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives and approves the completed and signed application.

ELIGIBILITY CRITERIA FOR APPLICANT

Each applicant MUST meet all of the following criteria:

- Applicant must be the utility customer of record.
- Applicant must verify that 100% of the residents and/or households meet the current CARE income guidelines, excluding any employee operating or managing the facility who resides at the facility.

| Income Qualifications | |
|--------------------------------------|---|
| Number of Persons In Household | Maximum Total Combined Annual Income |
| 1 or 2 | \$24,200 |
| 3 | \$28,400 |
| 4 | \$34,200 |
| 5 | \$40,000 |
| 6 | \$45,800 |
| Add 5,800 for each additional person | |

- Applicant is required to certify CARE eligibility annually by completing a new application, including how the discount will be used in the first year for the direct benefit of the residents.

ELIGIBLE FACILITIES

Employee Housing (privately owned), as defined in section 17008 of the Health and Safety Code, that is licensed and inspected by state and/or local agencies pursuant to Part I (commencing with Section 17000) of Division 13.

- Supporting documentation required:
 - ✓ Provide copy of current permit issued by the Department of Housing and Community Development.
- Total energy used must be 100% residential.

Housing for Agricultural Employees (non-migrant and operated by non-profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has an exemption from local property taxes pursuant to subdivision (g) of Section 214 of the Revenue and Taxation Code.

- Supporting documentation required:
 - ✓ Provide current copy of federal 501(c) (3) tax exemption or copy of state tax exemption form, and current copy of local property tax exemption form.
- Total Energy used:
 - ✓ Master-metered facilities must be 70% residential use.
 - ✓ Individually metered units must be 100% residential use.

APPLICANTS RESPONSIBILITIES

The applicant is required to:

- Provide proof of facility's eligibility (see Eligible Facilities) and submit required documentation with the application (see requirements on the application).
- Verify that all individuals residing in the facility meet the CARE income eligibility guidelines (see income guideline sheet) and make a certification to that effect, under penalty of perjury, under the laws of the state of California.
- At annual re-certification, show how the past year's discount was used and how the next year's discount is expected to be used for direct benefit of the residents.
- Maintain records of residents' income eligibility, which should come from federal tax return, payroll stubs or similar records acceptable to the utility. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Maintain accounting entries and supporting documentation of how the discount was used for the direct benefit of the residents. These records must be retained for three (3) years from the date of initial application and/or re-certification.
- Upon request from the utility, provide documentation of the residents' income eligibility and/or documentation of how the discount was used for the direct benefit of the residents.
- Provide all information requested by the utility. Failure to do so will result in denial or removal from the program. The applicant may be subject to rebilling for the period they were ineligible for the discount as determined by the utility.



Application for 20% Discount

California Alternate Rates for Energy (CARE) Program

For Qualified Agricultural Employee Housing Facilities

If you have any questions: Call The Gas Company's CARE toll-free line at 1-800-207-8567, Monday through Friday, 7:00 a.m. to 4:00 p.m.



1 APPLICANT INFORMATION: (please print)

Name on Gas Bill _____

Name of Facility _____
(if different than on bill)

Account Number for This Facility

| | | | | | | | | |
|--|--|---|--|--|---|--|--|--|
| | | - | | | - | | | |
|--|--|---|--|--|---|--|--|--|

Service Address _____ **City** _____ **CA Zip Code** _____

Mailing Address _____ **City** _____ **CA Zip Code** _____
(if different)

Facility Contact _____
(who to contact if utility needs more information)

E-mail Address _____
(optional)

Daytime Phone

| | | | | | | | | |
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2 FACILITY INFORMATION (check one)

EMPLOYEE HOUSING (privately owned), as defined in Section 17008 of the Health and Safety Code, that is licensed and inspected in state and/or local agencies pursuant to part 1 of Division 13.

HOUSING FOR AGRICULTURAL EMPLOYEES (non-migrant and operated by non profit entities), as defined in Subdivision (b) of Section 1140.4 of the Labor Code, that has received exemptions from local property taxes pursuant to subdivision (g) of the Revenue and Taxation Code.

3 DECLARATION

By signing this application, I certify under penalty of perjury under the laws of the State of California that the information I have provided is true and accurate. I have:

- Verified the income eligibility of all residents of the facility and/or households meet income guidelines.
- Documentation is available to substantiate the above.
- Verified that each facility meets the residential energy usage criteria.

FOR ALL FACILITIES

Applicant is customer of record. Yes No

100% of residents and/or households meet CARE income guidelines. Yes No

I have provided information on how the Discount for the coming year will be used to directly benefit the residents. Yes No

FOR ALL FACILITIES (continued)

For recertification, I have provided information on how the discount was used for the direct benefit of the residents and I have documentation on file (if initial certification, leave blank). Yes No

I understand the utility reserves the right to request documentation on the eligibility of the residents and the use of the discount. Yes No

I understand the utility has the right to rebill me at the applicable rate if appropriate. Yes No

I understand if the facility(ies), or the residents, become(s) ineligible to received the discount I must notify the utility within 30 days. Yes No

Last year's discount was used for _____
IF INITIAL CERTIFICATION LEAVE BLNK

This year's discount will be used for _____

By signing this application, I give my consent that the information provided by me may be shared with other energy utility companies (limited to name and address).

Authorized Representative's Name (please print or type)

Authorized Representative's Title

Authorized Representative's Signature

Date

FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FOUR (4) ADDRESSES:

Account Number:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Service Address _____ City _____ CA Zip Code _____

Type of metering: Individually metered Master metered

Energy used for residential purpose: 100% At least 70%

Total number of residents (exclude on-site manager) _____

100% of residents and/or households meet income eligibility criteria Yes No

Account Number:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Service Address _____ City _____ CA Zip Code _____

Type of metering: Individually metered Master metered

Energy used for residential purpose: 100% At least 70%

Total number of residents (exclude on-site manager) _____

100% of residents and/or households meet income eligibility criteria Yes No

Account Number:

| | | | | | | | | | | | | | | | | | | | |
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Service Address _____ City _____ CA Zip Code _____

Type of metering: Individually metered Master metered

Energy used for residential purpose: 100% At least 70%

Total number of residents (exclude on-site manager) _____

100% of residents and/or households meet income eligibility criteria Yes No

Account Number:

| | | | | | | | | | | | | | | | | | | | |
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Service Address _____ City _____ CA Zip Code _____

Type of metering: Individually metered Master metered

Energy used for residential purpose: 100% At least 70%

Total number of residents (exclude on-site manager) _____

100% of residents and/or households meet income eligibility criteria Yes No

**APPLICATION FOR CALIFORNIA ALTERNATE RATES
FOR ENERGY PROGRAM FOR MIGRANT FARM WORKER
HOUSING CENTERS (Form 6635)**

(See Attached Form)

(TO BE INSERTED BY UTILITY)

ADVICE LETTER NO. 3509
DECISION NO. 05-04-052

1P10

ISSUED BY

Lee Schavrien

Vice President
Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)

DATE FILED Jun 27, 2005

EFFECTIVE _____

RESOLUTION NO. _____



**Application for California Alternate Rates for Energy (CARE) Program
for OMS and Non-profit Migrant Farm Worker Housing Centers (MFHC)
Authorized by CPUC Decision 05-04-052**



INSTRUCTIONS

1. PLEASE READ ALL information and instructions before you complete, sign, and date this application. If you have questions, call 1-800-207-8567, Monday through Friday, 7:00 am-4:00 pm.
2. DETERMINE if the facility can comply with Section 50710.1(e) of the California Health and Safety Code, or is a non-profit migrant farm worker housing center.
3. REVIEW the service accounts in this application to confirm that they are residential end use and included in your facility.
4. COMPLETE, SIGN, AND DATE the application.
5. MAIL to:
The Gas Company®
CARE Program - ML 12F1
PO Box 3249
Los Angeles, CA 90051-1249

DISCOUNT

The CARE program provides a 20% discount off the utility bill for MFHC facilities that meet program criteria. The discount and eligibility criteria were established by the California Public Utilities Commission. The discounted rates, upon formal approval by the California Public Utilities Commission, are available to qualified facilities. The facility will receive the discount after the utility receives and approved the completed and signed application.

ELIGIBILITY CRITERIA FOR MFHC

Each MFHC MUST meet all of the following criteria:

- MFHC must be operated pursuant to Section 50710.1 of the California Health and Safety Code, or must be a non-profit migrant farm worker housing center.
- MFHC must be the utility customer of record.
- MFHC must verify that the service agreements listed in this application have rates with residential end uses for CARE.
- MFHC must agree to use all CARE savings from a reduction in energy rates for the benefit of the occupants of the migrant farm worker center.

MFHC RESPONSIBILITIES

MFHC is REQUIRED to:

- At the time of application for CARE discount, MFHC must provide a copy of current contract with the Office of Migrant Services, Department of Housing and Community Development or a copy of Federal 501 (c) (3) tax exemption or copy of state tax exemption form and current copy of local property tax exemption form.
- Maintain supporting records and documentation of how savings from the reduction in energy rates benefited the occupants.
- Notify The Gas Company of any change that would remove or add to eligible service agreements in this application. MFHC may be subject to rebilling if any of the service agreements in this application are no longer eligible for the CARE discount.
- Update its application annually when notified by The Gas Company



**Application for 20% Discount
California Alternate Rate for Energy (CARE) Program
For OMS and Non-profit Migrant Farm Worker Housing Centers**



If you have any questions: Call The Gas Company's CARE toll-free line at 1-800-207-8567, Monday through Friday, 7:00 a.m. to 4:00 p.m.

1 FARM WORKER HOUSING CENTER INFORMATION: *(please print or type)*

Name on Gas Bill _____

Name of Facility _____
(if different than on bill)

Account Number _____

Service Address _____ **City** _____ **CA Zip Code** _____

Mailing Address _____ **City** _____ **CA Zip Code** _____
(if different)

Facility Contact _____
(who to contact if utility needs more information)

E-mail Address _____
(optional)

Daytime Phone

| | | | | | | | | | | | | | | | | | | |
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2 DECLARATION: *(Please read carefully and sign below.)*

By signing this application I certify under penalty of perjury that the information contained herein is true and accurate and agree to comply with all the eligibility criteria and MFHC responsibilities contained herein for all of the Service Agreements listed in this application and I give my consent that the information herein may be shared with other energy utility companies.

Authorized Representative's Name (Please print.)

Authorized Representative's Title

Authorized Representative's Signature

Date

3 FOR INDIVIDUAL FACILITIES OF THE SAME TYPE, ATTACH SEPARATE SHEET FOR MORE THAN FIVE (5) ADDRESSES:

Account Number:

| | | | | | | | | | | | | | | | | | | | | |
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|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Service Address _____ City _____ CA Zip Code _____

Energy used for: Residential purpose Non-residential purpose

Type of Metering? Individually metered Master metered

Account Number:

| | | | | | | | | | | | | | | | | | | | | |
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Service Address _____ City _____ CA Zip Code _____

Energy used for: Residential purpose Non-residential purpose

Type of Metering? Individually metered Master meter

Account Number:

| | | | | | | | | | | | | | | | | | | | | |
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Service Address _____ City _____ CA Zip Code _____

Energy used for: Residential purpose Non-residential purpose

Type of Metering? Individually metered Master meter

Account Number:

| | | | | | | | | | | | | | | | | | | | | |
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Service Address _____ City _____ CA Zip Code _____

Energy used for: Residential purpose Non-residential purpose

Type of Metering? Individually metered Master meter

Account Number:

| | | | | | | | | | | | | | | | | | | | | |
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Service Address _____ City _____ CA Zip Code _____

Energy used for: Residential purpose Non-residential purpose

Type of Metering? Individually metered Master meter

TABLE OF CONTENTS

(Continued)

| | | | |
|--------|---|--|--------|
| GL | Street and Outdoor Lighting Natural Gas Service | 39285-G,31022-G | |
| GN-10 | Core Service for Small Commercial and Industrial Service | 36664-G,39286-G,39310-G,39311-G,39312-G 39313-G,37925-G,38156-G | |
| GT-10 | Core Aggregation Transportation for Core Commercial and Industrial Service | 36455-G,38580-G,39094-G,39095-G,36671-G 36672-G,38157-G | |
| GN-10L | Core Commercial and Industrial Service, Income Qualified | 39343-G,33691-G,39290-G,32627-G,39226-G 39344-G,39345-G,39346-G,39347-G,39348-G | T T |
| GT-10L | Core Aggregation Transportation Commercial and Industrial Service, Income Qualified | 39349-G,39097-G,33697-G,36810-G 32637-G,39228-G,39350-G,39351-G,39352-G,39353-G | T T |
| G-AC | Core Air Conditioning Service for Commercial and Industrial | 36674-G,39314-G,39292-G,36677-G,37928-G,36679-G 39230-G,38158-G | |
| GT-AC | Core Transportation-only Air Conditioning Service for Commercial and Industrial | 36682-G,39100-G,36683-G,36684-G 39231-G,36686-G,37929-G,38159-G | |
| G-EN | Core Gas Engine Service for Agricultural Water Pumping | 38588-G,39315-G,37931-G,38160-G | |
| GT-EN | Core Transportation-only Gas Engine Service for Agricultural Water Pumping | 39102-G,36694-G,38161-G | |
| G-NGV | Natural Gas Service for Motor Vehicles | 32059-G,39316-G,36697-G,36698-G | |
| GT-NGV | Transportation of Customer-Owned Gas for Motor Vehicle Service | 39104-G,39105-G,30002-G,36813-G | |
| GO-ET | Emerging Technologies Optional Rate for Core Commercial and Industrial | 30200-G,32061-G,30202-G | |
| GTO-ET | Transportation-Only Emerging Technologies Optional Rate for Core Commercial and Industrial | 30203-G,30204-G,30205-G | |
| GO-IR | Incremental Rate for Existing Equipment for Core Commercial and Industrial | 30206-G,32062-G,30208-G | |
| GTO-IR | Transportation-Only Incremental Rate for Existing Equipment for Core Commercial and Industrial | 30209-G,30210-G,30211-G | |
| G-CP | Core Procurement Service | 37140-G, 39317-G, 39318-G,39297-G,37933-G | |
| GT-F | Firm Intrastate Transmission Service | 39106-G,39107-G,36705-G,37935-G 32664-G,32665-G,34838-G,38162-G,38163-G,38164-G | |
| GT-I | Interruptible Intrastate Transmission Service | 39108-G,39109-G,32670-G 32671-G,34839-G,36527-G | |

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3509
 DECISION NO. 05-04-052

ISSUED BY
Lee Schavrien
 Vice President
 Regulatory Affairs

(TO BE INSERTED BY CAL. PUC)
 DATE FILED Jun 27, 2005
 EFFECTIVE _____
 RESOLUTION NO. _____

TABLE OF CONTENTS

RULES

| <u>Rule Number</u> | <u>Title of Sheet</u> | <u>Cal. P.U.C. Sheet No.</u> |
|--------------------|--|---|
| 1 | Definitions | 33478-G,36257-G,37967-G,36706-G,36916-G,36917-G 36918-G,36919-G,36711-G,36712-G,36713-G,36714-G 39354-G,36716-G,36717-G,36718-G |
| 2 | Description of Service | 35722-G,36011-G,36012-G 36013-G,35726-G,35727-G,35728-G |
| 3 | Application for Service | 35524-G,35525-G,35526-G |
| 4 | Contracts | 35529-G,35530-G |
| 4.1 | Exemption from Public Inspection Requirements for Certain Gas Corporation Contracts | 28977-G, 28978-G,28979-G,28980-G |
| 5 | Special Information Required on Forms | 33292-G,24601-G |
| 6 | Establishment and Re-Establishment of Credit | 28448-G,28449-G |
| 7 | Deposits | 24604-G |
| 8 | Return of Deposit--Interest on Deposit | 26214-G |
| 9 | Discontinuance of Service | 33499-G,26950-G,33500-G,33501-G 26424-G,36035-G,36779-G |
| 10 | Service Charges | 34690-G,38903-G,38904-G,38905-G,38906-G |
| 11 | Disputed Bills | 33295-G |
| 12 | Payment of Bills | 36920-G,36921-G |
| 13 | Meters and Appliances | 24618-G,38338-G |
| 14 | Meter Reading | 24620-G |
| 15 | Meter Tests | 36872-G |
| 16 | Adjustment of Bills | 36873-G,36874-G,36875-G |
| 17 | Reading of Separate Meters Not Combined | 24626-G |
| 18 | Notices | 38239-G |
| 19 | Rates and Optional Rates | 36016-G |
| 20 | Gas Main Extensions | 31800-G,31801-G,38506-G,38507-G,32375-G,32376-G 31806-G,31807-G,37767-G,37768-G,37769-G,37770-G,37771-G |
| 21 | Gas Service Extensions | 31813-G,31814-G,31815-G,31816-G,31817-G,31818-G 31819-G,31820-G,38510-G,31822-G,31823-G,31824-G,31825-G |
| 22 | Temporary Service | 24640-G,30294-G |
| 23 | Continuity of Service and Interruption of Delivery | 36719-G,37968-G,33041-G,33042-G,34021-G,33044-G 36622-G,33046-G,33047-G,36721-G,37969-G,33050-G |
| 24 | Supply to Individual Premises and Resale of Gas | 24654-G |
| 25 | Company's Right of Ingress to and Egress from the Consumer's Premises | 24655-G |

(Continued)

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 ADVICE LETTER NO. 3509
 DECISION NO. 05-04-052

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 EFFECTIVE _____
 RESOLUTION NO. _____

T

TABLE OF CONTENTS

SAMPLE FORMS

Applications

| | |
|--|---------|
| Medical Baseline Allowance Application (Form 4859-E, 07/02) | 35664-G |
| Medical Baseline Allowance Self-Certification (Form 4860, 07/02) | 35665-G |
| Application for California Alternate Rates for Energy (CARE) Program For Qualified Agricultural Employee Housing (Form 6632, 06/05) | 39355-G |
| Application for California Alternate Rates for Energy (CARE) Program For Migrant Farm Worker Housing Centers (Form 6635) | 39356-G |
| Application for California Alternate Rates for Energy (CARE) Program For Qualified Nonprofit Group Living Facilities (Form 6571B) | 36230-G |
| Self-Certification CARE Application - Individually Metered Residential (Form 6491-D, 05/05) | 39232-G |
| Self-Mailer CARE Application (Form 6491-2A, 06/05) | 39233-G |
| Self-Recertification CARE Application - Individually Metered Residential (Form 6674-A, 05/05) | 39234-G |
| Post-Enrollment Verification CARE Application - Individually Metered Residential (Form 6675-A, 05/05) | 39235-G |
| Self-Certification CARE Application - Submetered Residential (Form 6677, 05/05) | 39236-G |
| Self-Recertification CARE Application - Submetered Residential (Form 6678, 05/05) | 39237-G |
| Set and Turn-on Application (Form 1770H, 6-99) | 32482-G |
| Service Under Schedule GS (Form 4628C, 2-86) | 35707-G |
| SimplePay Direct Payment Application (Form 9706-08, 5/97) | 28499-G |
| Statement of Applicant's Contract Anticipated Cost for Applicant Installation Project, Form 66602 | 37772-G |

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Receipts and Notices

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|--|---------|
| Receipt for Payment (Form 481-8, Rev. 7/96 CIS) | 35708-G |
| Miscellaneous Account Receipt (Form 315U) | 35709-G |
| Deposit Warning Letters A and B (Form 437.1R, 11/02) | 36782-G |
| California Penal Code Tag (Form 81-A) | 36783-G |
| For Your Information (Form 21-0306, 05/03) | 36784-G |

Surety or Guarantee for Account

| | |
|---|---------|
| Continuing Guarantee Letter (Form 6447, 1/94) | 36785-G |
|---|---------|

(Continued)

(TO BE INSERTED BY UTILITY)
 ADVICE LETTER NO. 3509
 DECISION NO. 05-04-052

ISSUED BY
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 DATE FILED Jun 27, 2005
 EFFECTIVE _____
 RESOLUTION NO. _____

TABLE OF CONTENTS

The following listed sheets contain all effective Schedules of Rates and Rules affecting service and information relating thereto in effect on the date indicated thereon.

GENERAL

Cal. P.U.C. Sheet No.

| | | |
|--|---|---|
| Title Page | 21888-G | |
| Table of Contents--General and Preliminary Statement | 39360-G,39029-G | T |
| Table of Contents--Service Area Maps and Descriptions | 28516-G | |
| Table of Contents--Rate Schedules | 39319-G,39357-G,39331-G | T |
| Table of Contents--List of Cities and Communities Served | 37398-G | |
| Table of Contents--List of Contracts and Deviations | 37894-G | |
| Table of Contents--Rules | 39358-G,38771-G | T |
| Table of Contents--Sample Forms | 39359-G,37017-G,38167-G,37486-G,36796-G | T |

PRELIMINARY STATEMENT

| | |
|--|---|
| Part I General Service Information | 37917-G,24332-G,24333-G,24334-G,24749-G |
| Part II Summary of Rates and Charges | 39301-G,39302-G,39303-G,39054-G,39304-G,39329-G 32491-G,32492-G,38848-G,39274-G,39275-G,39058-G,39059-G |
| Part III Cost Allocation and Revenue Requirement | 27024-G,37920-G,27026-G,27027-G,39060-G |
| Part IV Income Tax Component of Contributions and Advances | 36614-G,24354-G |
| Part V Description of Regulatory Accounts-Balancing | 38681-G,34820-G,37156-G 37004-G,34822-G,36082-G,36083-G,36084-G,36085-G,36086-G 38682-G,38683-G,35874-G,38684-G,38685-G,38686-G,38687-G |
| Part VI Description of Regulatory Accounts-Memorandum | 38003-G,38688-G,38689-G 34281-G,38004-G,38005-G,38006-G,38007-G,38008-G,38009-G 38010-G,38011-G,38012-G,38013-G,38014-G,38015-G,38016-G |
| Part VII Description of Regulatory Accounts-Tracking | 38017-G,38018-G,38019-G 38020-G,38021-G,38022-G,38023-G |
| Part VIII Gas Cost Incentive Mechanism (GCIM) | 37921-G,35877-G,37922-G,36869-G 36870-G,35881-G |
| Part IX Hazardous Substances Mechanism (HSM) | 26199-G,26200-G,26201-G |
| Part X Global Settlement | 32530-G,32531-G,32532-G,32533-G |

(Continued)

(TO BE INSERTED BY UTILITY)
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