



Date

Agency Name  
Address  
City, State, Zip

Cascade Natural Gas Corporation ("Company") wishes to establish an agreement with your agency in order to create a Community-Based Organization ("CBO") Referral Program. The CBO Referral Program is intended to increase the number of customers participating in the Company's Washington Energy Assistance Fund program ("WEAF"), and will include organizations your agency has established relationships with that provide services and connections to customers who are difficult to reach and/or underserved by WEAF.

The terms of this program are:

1. CBOs may refer their clients to your agency to apply for WEAF.
2. Your agency will complete the application process using the guidelines established in the WEAF Administration Agreement for the current program year.
3. Grants for qualifying households will be submitted to the Company by your agency through the Company's Assist Customer Portal.
4. Your agency shall provide the legal name and valid Tax ID number for the CBO that referred the qualified customer.
5. Upon approval by the Company, your agency will earn the fee established in the current WEAF Administration Agreement and the CBO will earn a \$25 referral fee for the grant submitted.
6. Agency administration fees and CBO referral fees shall be included in the same payment issued by the 20<sup>th</sup> of each month for the grants approved by the Company during the previous month.
7. Your agency will be responsible for paying CBOs the referral fees they have earned. CBOs that contact the Company seeking referral fees will be directed to contact your agency for payment. It is the responsibility of your agency to resolve disputes regarding referral fee payments raised by CBOs.

CBOs shall not be provided with customer account information, access to or information available through the Company's Assist Customer Portal, or the outcome of a customer's grant application by either the Company or your agency. Customers may contact the Company regarding their account and will be provided information requested upon identification verification.

Thank you for your participation in the CBO Referral Program and for all that you do on behalf of our customers in need. If you agree to these terms, please print and sign this agreement. Return a signed

copy to Cascade Natural Gas Corporation by scanning the document and emailing it as an attachment to [pledgecascade@cngc.com](mailto:pledgecascade@cngc.com). Please retain a copy for your records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Dan Tillis  
\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

Director, Customer Service  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

