



apch
a place called home

P: (705) 328-0905
TF: (866) 520-2689
F: (705) 328-3547

64 Lindsay Street S.,
Lindsay, ON K9V 2M2
www.apch.ca

Feb 18, 2015

Ms. Kirstin Walli
Board Secretary
P.O. Box 2319
Ontario Energy Board
2300 Yonge Street. Suite 2700
Toronto, ON
M4P 1E4

Re: COST CLAIM- 2014-0227 - Nov 6, 2014

Dear Ms. Walli:

Please accept this Cost Claim, as I am a member of FAWG representing the Low Income Energy Network and attended this meeting.

Please have the reimbursement cheque sent to the address provided below as I have paid for these expenses directly, not my employer. Thank you.

Jennifer Lopinski
6 Mary St. W
Lindsay, ON K9V 2N4

If you should have any questions, please do not hesitate to contact me at: 1-866-520-2689. ext 223. Thank you.

Sincerely,

Jennifer Lopinski
Program Administrator.
The Emergency Home Energy & Resource Program
A Place Called Home
Low Income Energy Network
Enc.

Ontario Energy Board
COST CLAIM FOR CONSULTATIONS



Affidavit and Summary of Fees and Disbursements

This form should be used by a party (defined in the Practice Direction on Cost Awards as including a participant in a consultation process) in a consultation before the Board to identify the fees and disbursements that form the party's cost claim. Paper and electronic copies of this form and itemized receipts must be filed with the Board and served on one or more other parties as directed by the Board in the applicable Board Notice of Hearing for Cost Awards. Please ensure all required fields are filled in and the Affidavit portion is signed and sworn or affirmed.

Instructions

- Required data input is indicated by yellow-shaded fields. Formulas are present in the document to assist with the calculation of the cost claim.
- All claims must be in Canadian dollars. If applicable, state exchange rate and country of initial currency.
Rate: _____ Country: _____
- A separate "Statement of Disbursements Being Claimed" is required for each consultant or lawyer/articling student/paralegal. However only one "Statement of Fees Being Claimed" and one "Summary of Fees and Disbursements Being Claimed" covering the whole of the party's cost claim should be provided.
- The cost claim must be supported by a completed Affidavit signed by a representative of the party.
- A CV for each consultant must be attached unless, for a given consultant, a CV has been provided to the Board in another process within the last 24 months.
- Except as provided in section 7.03 of the Practice Direction on Cost Awards, itemized receipts must be provided.

File # EB- <u>2014-0227</u>	Process: <u>LOW-INCOME ASSISTANCE STRATEGY REVIEW</u>
Party: <u>LOW INCOME ENERGY NETWORK</u>	Affiant's Name: <u>JENNIFER LOPINSKI</u>
HST Number: _____	HST Rate Ontario: _____
Full Registrant <input type="checkbox"/>	Qualifying Non-Profit <input type="checkbox"/>
Unregistered <input type="checkbox"/>	Tax Exempt <input type="checkbox"/>
Other <input type="checkbox"/>	

Affidavit

I, JENNIFER LOPINSKI, of the City/Town of LINDSAY
in the Province/State of ONTARIO, swear or affirm that:

1. I am a representative of the above-noted party (the "Party") and as such have knowledge of the matters attested to herein.
2. I have examined all of the documentation in support of this cost claim, including the attached "Summary of Fees and Disbursements Being Claimed", "Statement of Fees Being Claimed" and "Statement(s) of Disbursements Being Claimed".
3. The attached "Summary of Fees and Disbursements Being Claimed", "Statement of Fees Being Claimed" and "Statement(s) of Disbursements Being Claimed" include only costs incurred and time spent directly for the purposes of the Party's participation in the Ontario Energy Board process referred to above.
4. This cost claim does not include any costs for work done, or time spent, by a person that is an employee or officer of the Party as described in sections 6.05 and 6.09 of the Board's Practice Direction on Cost Awards.

Jennifer Lopinski
Signature of Affiant

Sworn or affirmed before me at the City/Town of LINDSAY
in the Province/State of ONTARIO, on February 18, 2015
(date)

Sherry Amacher
Commissioner for taking Affidavits

Ontario Energy Board
COST CLAIM FOR CONSULTATIONS
Affidavit and Summary of Fees and Disbursements



File # EB- 2014-0227 Process: LOW-INCOME ASSISTANCE STRATEGY REVIEW

Party: LOW INCOME ENERGY NETWORK

Summary of Fees and Disbursements Being Claimed

Legal/consultant fees	\$0.00
Disbursements	\$163.74
HST	\$0.00
Total Cost Claim	\$163.74

Detail of Fees and Disbursements Being Claimed

Statement of Fees being claimed for Eligible Activity is found on the second tab of this workbook.

Statement(s) of Disbursements Being Claimed

Statement of Disbursements being claimed is found on the third tab of this workbook.

SD

Ontario Energy Board



COST CLAIM FOR CONSULTATIONS

Affidavit and Summary of Fees and Disbursements

Individual Whose Costs are Being Claimed

Name: JENNIFER LOPINSKI

Counsel/Articling Student/Paralegal: ☐

Consultant: ☐

CV attached: ☐

Completed Years
Practicing/Years of relevant
experience

CV not required: ☐

Name: _____

Counsel/Articling Student/Paralegal: ☐

Consultant: ☐

CV attached: ☐

Completed Years
Practicing/Years of relevant
experience

CV not required: ☐

Name: _____

Counsel/Articling Student/Paralegal: ☐

Consultant: ☐

CV attached: ☐

Completed Years
Practicing/Years of relevant
experience

CV not required: ☐

Name: _____

Counsel/Articling Student/Paralegal: ☐

Consultant: ☐

CV attached: ☐

Completed Years
Practicing/Years of relevant
experience

CV not required: ☐

Name: _____

Counsel/Articling Student/Paralegal: ☐

Consultant: ☐

CV attached: ☐

Completed Years
Practicing/Years of relevant
experience

CV not required: ☐

SD



Ontario Energy Board
COST CLAIM FOR CONSULTATIONS
Statement of Fees Being Claimed

File # EB- 2014-0227

Process Low-Income Assistance Strategy Review

Party LOW INCOME ENERGY NETWORK

HST Rate: _____

Individual Whose Fees are Being Claimed	Hourly rate	Written		Nov 6, 2014 Stakeholder Forum	Subtotal	HST	Total
		Up to 10 hours	Up to 15 hours	Eligible Participant			
JENNIFER LOPINSKI					\$0.00	\$0.00	\$0.00
—					\$0.00	\$0.00	\$0.00
—					\$0.00	\$0.00	\$0.00
—					\$0.00	\$0.00	\$0.00
—					\$0.00	\$0.00	\$0.00

Totals: \$0.00 \$0.00 \$0.00
Total legal/consultant fees: \$0.00

Ontario Energy Board
COST CLAIM FOR CONSULTATIONS
Statement of Disbursements Being Claimed



File # EB-	2014-0227	Process:	LOW-INCOME ASSISTANCE STRATEGY REVIEW
Party:	LOW INCOME ENERGY NETWORK		

Name of individual whose disbursements are being claimed: Jennifer Lopinski

HST Rate Ontario: 0.00%

	Net Cost	HST	Total
Photocopies		\$0.00	\$0.00
Printing		\$0.00	\$0.00
Fax		\$0.00	\$0.00
Courier		\$0.00	\$0.00
Telephone		\$0.00	\$0.00
Postage		\$0.00	\$0.00
Transcripts <i>AFFIDAVIT</i>	\$10.00	\$0.00	\$10.00
Travel: Air		\$0.00	\$0.00
Travel: Car	\$100.80	\$0.00	\$100.80
Travel: Rail		\$0.00	\$0.00
Travel (Other):		\$0.00	\$0.00
Parking	\$15.25	included	\$15.25
Taxi or Airport Limo		\$0.00	\$0.00
Accommodation		\$0.00	\$0.00
Meals	\$31.25	\$0.00	\$31.25
Other: Gratuity	\$6.44	\$0.00	\$6.44
TOTAL DISBURSEMENTS:			
	\$163.74	\$0.00	\$163.74

5/



FILE # EB-2014-0227 - NOV 6, 2014 - LOW-INCOME STRATEGY REVIEW

LOW-INCOME ENERGY NETWORK - JENNIFER LOPINSKI

greenp.com FEE INCLUDES PPLICA E SALES TAXES

RECEIPT

Toronto Parking Authority
 20 CASTLEFIELD AVE
 HST R122981541
 EN: 14/11/06 08:53
 EX: 14/11/06 19:19
 PAID: \$ 15.25
 14/11/06-19:18:49
 660765320011611020
 PURCHASE-SWIPED
 MASTER CARD
 XXXXXXXXXXXX9977
 Auth: 05540Z
 :(19)(01/027)
 APPROVED-THANK YOU

PICKLE BARREL
 YONGE- EGLINTON
 2300 YONGE ST
 TORONTO, ON M4P1E4
 4164851244

SALE

Server #: 004248
 Table #: 0161
 Check #: 0001226234
 MID: 97493120018
 Trn: 007 REF#: 00000001
 Batch #: 314
 Trn 14 13:28:55
 APPR CODE: 05778Z
 MASTERCARD
 **** *9977C

AMOUNT \$16.94
TIP \$2.54
TOTAL \$19.48

APPROVED

CAPITAL ONE
 AID: A0000000041010
 TVR: 00 00 00 80 00
 TS: E8 00

THANK YOU
 PLEASE COME AGAIN

CUSTOMER COPY

GRAZIE RISTORANTE

2373 YONGE STREET
 Tel: 416-488-0822

7 Gladamo

Chk 6726 Gst 1
 Nov 06 '14 05:27PM
 *** Memo Check ***

Seat: 1

Stagioni 14.00
 Pasta 1.50
 Cake 7.50
 Total 22.00
 25.99

(GST R123618563)

Follow us on FACEBOOK
 TWITTER @grazie_circa90

GRAZIE RISTORANTE L

2373 YONGE ST
 TORONTO ON

SALE

Clerk #: 000007
 TID: PS472057 REF#: 00000022
 Batch #: 792 SEQ: 001792022
 11/06/14 18:52:53
 Invoice #: 22
 APPR CODE: 00142Z
 MASTERCARD Chip
 **** *9977

AMOUNT \$25.99
TIP \$3.90
TOTAL \$29.89

APPROVED

CAPITAL ONE
 AID: A0000000041010
 TVR 00 00 00 80 00
 TS: E8 00

BY ENTERING A VERIFIED PIN
 CARDHOLDER AGREES TO PAY
 SUCH TOTAL IN
 ACCORDANCE WITH ISSUER'S
 AGREEMENT
 WITH CARDHOLDER

www.payplus.ca

CUSTOMER COPY

P.B. Yonge/Eglinton

2300 Yonge Street
 Toronto, Ontario
 Tel: (416) 485-1244
 Check #: 1226234

Server: Scott
 Table: 161-5
 Date: 11/06/2014
 Time: 13:27
 Client: 5

Glow Bowl 14.99
 SUB-TOTAL: 14.99
 HST: 1.95

TOTAL: 16.94

PLEASE PAY YOUR SERVER

Pickle Barrel Yonge & Eglinton
 Offers DELIVERY
 Please call (416) 485-1244

COME AND ENJOY THE
 BREAKFAST SPECIAL FOR
 ONLY \$4.99 Mon-Sun (9-10:30AM)

HST #869149484

FILE # EB-2014-0227 - NOV 6, 2014 - LOW-INCOME STRATEGY REVIEW

LOW-INCOME ENERGY NETWORK - JENNIFER LOPINSKI

R E C E I P T R E C O R D

CITY OF KAWARTHA LAKES
PO BOX 696
LINDSAY, ON K9V 5R8
Phone No. : (705)324-9411
Fax No. : (705)328-2620

--- Item ID #0001 ---
AD21 : COMMISSIONER OF OATH
GL : 1-3-1025-8417

1@	10.00	10.00
Payment Subtotal		10.00
PST		0.00
GST/HST86445 5563		0.00
Payment Total		10.00
Interac		10.00
NAME: LOPINSKI		
REF: Commisioner of oath statement		
Change		0.00

18-Feb-15 11:37:44
D:0002750373 B:2015021801
SAMACHER R:0002757790

CITY OF KAWARTHA LAKES
180 KENT STREET
LINDSAY ON

CARD 45360581, *****
CARD TYPE INTERAC
ACCOUNT TYPE CHEQUING
DATE 2015/02/18
TIME 0048 11:36:42
RECEIPT NUMBER
C82020570-001-001-014-0

PURCHASE
TOTAL

\$10.00

INTERAC
A0000002771010
EB9ED5A1940F9D33
0000008000-E800
2EDF9FD96CB3E3EA
0000008000-F800

APPROVED

AUTH# 418023 00-001
THANK YOU

CARDHOLDER COPY

FILE # EB-2014-0227 - NOV 6, 2014 - LOW-INCOME STRATEGY REVIEW

LOW-INCOME ENERGY NETWORK - JENNIFER LOPINSKI

18

greenp.com FEE INCLUDES APPLICA E SALES TAXES

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 XXXXXXXXXXXX9977
 Auth: 05540Z
 :(19)(01/027)
 APPROVED-THANK YOU

GRAZIE RISTORANTE

2373 YONGE STREET
 Tel: 416-488-0822

7 Giacomo

Chk 8726 Gst 1
 Nov 26 '14 05:27PM
 *** Menu Check ***

Seat:1

Stagioni 14.00
 Pasta 1.50
 Cafe 7.50
 Total 22.00
 2.99
 25.99

(GST R123618563)

SALE

Server #: 004248
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 Check #: 0001226234
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 Tip: 007
 Bar #: 314
 11/14 13:28:55
 APPR CODE: 05778Z
 MASTERCARD
 *****9977C

REF#: 00000001

Follow us on FACEBOOK
 TWITTER @grazie_circa90

AMOUNT \$16.94
 TIP \$2.54
 TOTAL \$19.48

APPROVED

CAPITAL ONE
 AID: A0000000041010
 TVR: 00 00 00 80 00
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THANK YOU
 PLEASE COME AGAIN

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COME AND ENJOY THE
 BREAKFAST SPECIAL FOR
 ONLY \$4.99 Mon-Sun (9-10:30AM)

HST #869149484

64 Lindsay St S, Kawartha Lakes, ON K9V 2L9 to 2300 Yonge St

Google

Directions to 2300 Yonge St, Toronto, ON M4P 3C8

126 km – about 1 hour 25 mins

JENNIFER LOPINSKI - LOW INCOME ENERGY NETWORK

EB-2014-0227

LOW-INCOME ASSISTANCE STRATEGY REVIEW - NOV 6, 2014.



64 Lindsay St S, Kawartha Lakes, ON K9V 2L9

1. Head south on Lindsay St S toward Glenelg St E

About 3 mins

2. Continue onto ON-35 S

About 24 mins



3. Keep right at the fork, follow signs for ON-115/Ontario 35/Toronto and merge onto ON-115 S

About 11 mins



4. Take the exit onto ON-401 W toward Toronto

About 21 mins

5. Keep left to continue on Ontario 401 Express

About 12 mins



6. Take the exit toward Bayview Avenue/ON-11/Yonge Street/Leslie Street

7. Merge onto ON-401 W

About 3 mins



8. Take exit 369 for Yonge Street S

About 1 min



9. Turn left onto Yonge St (signs for Yonge Street S)

Destination will be on the right

About 8 mins



2300 Yonge St, Toronto, ON M4P 3C8

SA