



Fogler, Rubinoﬀ LLP  
Lawyers

77 King Street West  
Suite 3000, PO Box 95  
TD Centre North Tower  
Toronto, ON M5K 1G8  
t: 416.864.9700 | f: 416.941.8852  
foglers.com

September 7, 2016

Reply To: Thomas Brett  
Direct Dial: 416.941.8861  
E-mail: tbrett@foglers.com

**VIA RESS, EMAIL AND COURIER**

Ontario Energy Board  
2300 Yonge Street  
27th Floor  
Toronto, Ontario  
M4P 1E4

Attention: Kirsten Walli  
Board Secretary

Dear Ms. Walli:

**Re: EB-2015-0245: Natural Gas DSM EAC**

---

Pursuant to the Board's letter dated September 1, 2016 to Marion Fraser, please find enclosed Marion Fraser's Cost Claim.

Thank you.

Yours truly,

**FOGLER, RUBINOFF LLP**

Thomas Brett  
TB/dd

cc: Josh Wasyluk, OEB (*via email*)  
Deborah Bullock, EGD (*via email*)  
Vanessa Innis, Union Gas (*via email*)  
Tina Nicholson, Union Gas (*via email*)  
Marion Fraser (*via email*)

**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 # <b>EB- 2015-0245</b>	Process: <b>Natural Gas DSM EAC</b>
Party: <b>Marion Fraser Enterprises Inc.</b>	Affiant's Name: <b>Debbie Dey</b>
HST Number: <b>#889988689RT0001</b>	HST Rate Ontario: <b>13.0%</b>
Full Registrant <input checked="" type="checkbox"/>	Qualifying Non-Profit <input type="checkbox"/>
Unregistered <input type="checkbox"/>	Tax Exempt <input type="checkbox"/>
Other <input type="checkbox"/>	

**Affidavit**

I, **Debbie Dey**, of the City/Town of **Toronto**  
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.

  
\_\_\_\_\_  
Signature of Affiant

Sworn or affirmed before me at the City/Town of **Toronto**,  
in the Province/State of **Ontario**, on **Sept. 7, 2016**  
(date)

  
\_\_\_\_\_  
Commissioner for taking Affidavits

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



File # **EB- 2015-0245** Process: **Natural Gas DSM EAC**

Party: **Marion Fraser Enterprises Inc.**

**Summary of Fees and Disbursements Being Claimed**

Legal/consultant fees	\$3,118.50
Disbursements	\$0.00
HST	\$405.41
<b>Total Cost Claim</b>	<b>\$3,523.91</b>

**Payment Information**

Make cheque payable to: **Marion Fraser Enterprises Inc.**

Send payment to this address: **1005-65 Harbour Square**  
**Toronto, ON**  
**M5J 2G2**

**Detail of Fees and Disbursements Being Claimed**

**Statement of Fees Being Claimed**

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

**Statement(s) of Disbursements Being Claimed**

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



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

**Individual Whose Costs are Being Claimed**

Name: Marion Fraser

<p>Counsel/Articling Student/Paralegal: <input type="checkbox"/></p> <p>Analyst/Consultant: <input checked="" type="checkbox"/></p> <p>CV attached: <input type="checkbox"/></p>	<p>Year Called to Bar</p> <p><input type="text"/></p>	<p>Completed Years Practicing/Years of Relevant Experience</p> <p>_____</p> <p>_____</p> <p align="center">37</p> <p>_____</p>
CV not required: <input checked="" type="checkbox"/>		

Name: \_\_\_\_\_

<p>Counsel/Articling Student/Paralegal: <input type="checkbox"/></p> <p>Analyst/Consultant: <input type="checkbox"/></p> <p>CV attached: <input type="checkbox"/></p>	<p>Year Called to Bar</p> <p><input type="text"/></p>	<p>Completed Years Practicing/Years of relevant experience</p> <p>_____</p> <p>_____</p> <p>_____</p>
CV not required: <input type="checkbox"/>		

Name: \_\_\_\_\_

<p>Counsel/Articling Student/Paralegal: <input type="checkbox"/></p> <p>Analyst/Consultant: <input type="checkbox"/></p> <p>CV attached: <input type="checkbox"/></p>	<p>Year Called to Bar</p> <p><input type="text"/></p>	<p>Completed Years Practicing/Years of relevant experience</p> <p>_____</p> <p>_____</p> <p>_____</p>
CV not required: <input type="checkbox"/>		

Name: \_\_\_\_\_

<p>Counsel/Articling Student/Paralegal: <input type="checkbox"/></p> <p>Analyst/Consultant: <input type="checkbox"/></p> <p>CV attached: <input type="checkbox"/></p>	<p>Year Called to Bar</p> <p><input type="text"/></p>	<p>Completed Years Practicing/Years of relevant experience</p> <p>_____</p> <p>_____</p> <p>_____</p>
CV not required: <input type="checkbox"/>		

Name: \_\_\_\_\_

<p>Counsel/Articling Student/Paralegal: <input type="checkbox"/></p> <p>Analyst/Consultant: <input type="checkbox"/></p> <p>CV attached: <input type="checkbox"/></p>	<p>Year Called to Bar</p> <p><input type="text"/></p>	<p>Completed Years Practicing/Years of relevant experience</p> <p>_____</p> <p>_____</p> <p>_____</p>
CV not required: <input type="checkbox"/>		

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



File # EB- 2015-0245

Process Natural Gas DSM EAC

Party Marion Fraser Enterprises Inc.

HST Rate: 13%

Individual Whose Fees are Being Claimed	Hourly rate	Hours	Hours	Hours	Hours	Hours	Subtotal	HST	Total
Marion Fraser	\$330.00	9.45					\$3,118.50	\$405.41	\$3,523.91
							\$0.00	\$0.00	\$0.00
							\$0.00	\$0.00	\$0.00
							\$0.00	\$0.00	\$0.00
							\$0.00	\$0.00	\$0.00
<b>Total:</b>		9.45	0.00	0.00	0.00	0.00	<b>\$3,118.50</b>	<b>\$405.41</b>	<b>\$3,523.91</b>
							<b>Total legal/consultant fees:</b>		<b>\$3,523.91</b>

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



File # EB-	<u>2015-0245</u>	Process:	<u>Natural Gas DSM EAC</u>
Party:	<u>Marion Fraser Enterprises Inc.</u>		

Name of individual whose disbursements are being claimed: \_\_\_\_\_

<b>HST Rate Ontario: 13.0%</b>
--------------------------------

	Net Cost	HST	Total
Scanning/Photocopy		\$0.00	\$0.00
Printing		\$0.00	\$0.00
Courier		\$0.00	\$0.00
Telephone/Fax		\$0.00	\$0.00
Transcripts		\$0.00	\$0.00
Travel: Air		\$0.00	\$0.00
Travel: Car		\$0.00	\$0.00
Travel: Rail		\$0.00	\$0.00
Travel (Other):		\$0.00	\$0.00
Parking		\$0.00	\$0.00
Taxi		\$0.00	\$0.00
Accommodation		\$0.00	\$0.00
Meals		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
<b>TOTAL DISBURSEMENTS:</b>			
	\$0.00	\$0.00	<b>\$0.00</b>

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



<b>File # EB-</b>	<u>2015-0245</u>	<b>Process:</b>	<u>Natural Gas DSM EAC</u>
<b>Party:</b>	<u>Marion Fraser Enterprises Inc.</u>		

Name of individual whose disbursements are being claimed: \_\_\_\_\_

<b>HST Rate Ontario: 13.0%</b>
--------------------------------

	Net Cost	HST	Total
Scanning/Photocopy		\$0.00	\$0.00
Printing		\$0.00	\$0.00
Courier		\$0.00	\$0.00
Telephone/Fax		\$0.00	\$0.00
Transcripts		\$0.00	\$0.00
Travel: Air		\$0.00	\$0.00
Travel: Car		\$0.00	\$0.00
Travel: Rail		\$0.00	\$0.00
Travel (Other):		\$0.00	\$0.00
Parking		\$0.00	\$0.00
Taxi		\$0.00	\$0.00
Accommodation		\$0.00	\$0.00
Meals		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
<b>TOTAL DISBURSEMENTS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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



File # EB-	<u>2015-0245</u>	Process:	<u>Natural Gas DSM EAC</u>
Party:	<u>Marion Fraser Enterprises Inc.</u>		

Name of individual whose disbursements are being claimed: \_\_\_\_\_

<b>HST Rate Ontario: 13.0%</b>
--------------------------------

	Net Cost	HST	Total
Scanning/Photocopy		\$0.00	\$0.00
Printing		\$0.00	\$0.00
Courier		\$0.00	\$0.00
Telephone/Fax		\$0.00	\$0.00
Transcripts		\$0.00	\$0.00
Travel: Air		\$0.00	\$0.00
Travel: Car		\$0.00	\$0.00
Travel: Rail		\$0.00	\$0.00
Travel (Other):		\$0.00	\$0.00
Parking		\$0.00	\$0.00
Taxi		\$0.00	\$0.00
Accommodation		\$0.00	\$0.00
Meals		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
<b>TOTAL DISBURSEMENTS:</b>			
	\$0.00	\$0.00	<b>\$0.00</b>



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



<b>File # EB-</b>	<u>2015-0245</u>	<b>Process:</b>	<u>Natural Gas DSM EAC</u>
<b>Party:</b>	<u>Marion Fraser Enterprises Inc.</u>		

Name of individual whose disbursements are being claimed: \_\_\_\_\_

<b>HST Rate Ontario: 13.0%</b>
--------------------------------

	Net Cost	HST	Total
Scanning/Photocopy		\$0.00	\$0.00
Printing		\$0.00	\$0.00
Courier		\$0.00	\$0.00
Telephone/Fax		\$0.00	\$0.00
Transcripts		\$0.00	\$0.00
Travel: Air		\$0.00	\$0.00
Travel: Car		\$0.00	\$0.00
Travel: Rail		\$0.00	\$0.00
Travel (Other):		\$0.00	\$0.00
Parking		\$0.00	\$0.00
Taxi		\$0.00	\$0.00
Accommodation		\$0.00	\$0.00
Meals		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
<b>TOTAL DISBURSEMENTS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

4/

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



File # EB-	<u>2015-0245</u>	Process:	<u>Natural Gas DSM EAC</u>
Party:	<u>Marion Fraser Enterprises Inc.</u>		

Name of individual whose disbursements are being claimed: \_\_\_\_\_

<b>HST Rate Ontario: 13.0%</b>
--------------------------------

	Net Cost	HST	Total
Scanning/Photocopy		\$0.00	\$0.00
Printing		\$0.00	\$0.00
Courier		\$0.00	\$0.00
Telephone/Fax		\$0.00	\$0.00
Transcripts		\$0.00	\$0.00
Travel: Air		\$0.00	\$0.00
Travel: Car		\$0.00	\$0.00
Travel: Rail		\$0.00	\$0.00
Travel (Other):		\$0.00	\$0.00
Parking		\$0.00	\$0.00
Taxi		\$0.00	\$0.00
Accommodation		\$0.00	\$0.00
Meals		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
<b>TOTAL DISBURSEMENTS:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>