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November 9, 2020

Christine E. Long
Registrar
Ontario Energy Board
PO Box 2319
2300 Yonge Street, 27th Floor
Toronto ON
M4P 1E4

Dear Ms. Long

**RE: EB-2019-0255 Projects to Expand Natural Gas – Confidentiality Issue
Energy Probe Cost Claim**

Attached is the cost claim of Energy Probe Research Foundation for the submission on the issue of confidentiality in the EB-2019-0255 Potential Projects to Expand Access to Natural Gas Distribution consultation. If you require any additional information regarding this claim, do not hesitate to contact me.

Respectfully submitted on behalf of Energy Probe.

Tom Ladanyi
Consultant Representing Energy Probe

416-423-3685
tom.ladanyi@rogers.com

Energy Probe Research Foundation 225 BRUNSWICK AVE., TORONTO, ONTARIO M5S 2M6

Phone: (416) 964-9223 Fax: (416) 964-8239 E-mail: EnergyProbe@nextcity.com Internet: www.EnergyProbe.org

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- 2019-0255**

Process: **Natural Gas Expansion - Confidentiality Issue**

Party: **Energy Probe Research Foundation**

Affiant's Name: **Thomas Ladanyi**

HST Number: **10730 5146 RT0001**

HST Rate Ontario: **6.50%**

Full Registrant ☐

Qualifying Non-Profit ☒

Unregistered ☐

Tax Exempt ☐

Other ☐

Affidavit

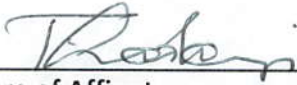
I, **Thomas J. Ladanyi**, of the City/Town of **Toronto**
in the Province/State of **Ontario**, swear or affirm that:

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 **November 6, 2020**
(date)


Commissioner for taking Affidavits

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



File # **EB- 2019-0255**

Process: **Natural Gas Expansion - Confidentiality Issue**

Party: **Energy Probe Research Foundation**

Summary of Fees and Disbursements Being Claimed

Legal/consultant fees	\$660.00
Disbursements	\$0.00
HST	\$42.90
Total Cost Claim	\$702.90

Payment Information

Make cheque payable to: **Energy Probe Research Foundation**

Send payment to this address: **225 Brunswick Avenue**

Toronto, Ontario

M5S 2M6

Attention: Frank Cianflone

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
Statement of Fees Being Claimed

File # EB- EB-2019-0255

Process Natural Gas Expansion - Confidentiality

Party Energy Probe Research Foundation

HST Rate: 6.50%

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Activity	Written comments on Confidentiality issue		Subtotal	HST	Total
	Hours	Up to 2 hours			
Individual Whose Fees are Being Claimed	Hourly rate				
Roger Higgin SPA Inc.	\$330.00	2.00	\$660.00	\$42.90	\$702.90
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
			\$0.00	\$0.00	\$0.00
Total:		2.00	\$660.00	\$42.90	\$702.90
Total legal/consultant fees:			\$702.90		

**SPA**

15 Malabar Place
Don Mills, Toronto, Ontario M3B 1A4
(416) 391-0738 fax (416) 391-0738

Invoice No. 2020-EP-13

INVOICE :**Customer**

Name Energy Probe Research Foundation
Address 225 Brunswick Avenue
City Toronto Province Ont P.C. M5S 2M6
Attn Frank Cianflone

Date 2020-11-06
Project No EGI System
Title Expansion
EB-2019-0255

Hours	Description Of Services	Unit Price	TOTAL
2.00	2020-08-02 Submission to OEB re EGI Confidentiality	\$330.00	\$660.00
			\$660.00
SubTotal			\$660.00
			\$0.00
Taxes HST			\$85.80
PST			
TOTAL			\$745.80

2.0 Total

Payment Details

- ☐ Cash
☒ Cheque
☐ Other

Name **CHEQUES PAYABLE TO SPA**

Date _____

HST NUMBER 88413 6714 RT0001

Thank you for your Business