

**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.**

<b>File #</b> <u>EB- 2019-0003</u>		<b>Process:</b> <u>EGI DSM FRAMEWORK - PHASE 2</u>	
<b>Party:</b> <u>FRPO</u>		<b>Affiant's Name:</b> <u>R. DWAYNE QUINN</u>	
<b>HST Number:</b> <u>82029 RT 0001</u>		<b>HST Rate Ontario:</b> <u>13.0%</u>	
Full Registrant	<input type="checkbox"/>	Qualifying Non-Profit	<input type="checkbox"/>
Unregistered	<input type="checkbox"/>	Tax Exempt	<input type="checkbox"/>
Other	<input type="checkbox"/>		

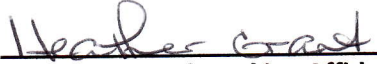
**Affidavit**

I, R. DWAYNE QUINN, of the City/Town of ELMIRA  
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 Waterloo,  
in the Province/State of Ontario, on March 4 2021  
(date)

  
**Commissioner for taking Affidavits**

Heather Anne Grant, a Commissioner, etc.,  
Province of Ontario, for Dueck, Sauer,  
Jutzi & Noll LLP, Barristers and Solicitors.  
Expires November 2, 2022.

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



File # EB- 2019-0003

Process: EGI DSM FRAMEWORK - PHASE 2

Party: FRPO

**Summary of Fees and Disbursements Being Claimed**

Legal/consultant fees	\$1,650.00
Disbursements	\$254.08
HST	\$247.53
<b>Total Cost Claim</b>	<b>\$2,151.61</b>

**Payment Information**

Make cheque payable to: Federation of Rental-housing Providers of Ontario

Send payment to this address: 20 Upjohn Road, Suite 105  
Toronto, Ontario  
M3B 2V9  
Attention: Laurie Cooper

**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: DWAYNE QUINN		
Counsel/Articling Student/Paralegal: <input type="checkbox"/>	Year Called to Bar	Completed Years Practicing/Years of Relevant Experience
Analyst/Consultant: <input checked="" type="checkbox"/>		32
CV attached: <input type="checkbox"/>	CV not required: <input type="checkbox"/>	

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

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

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

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

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



File # EB- 2019-0003

Process EGI DSM FRAMEWORK - PHASE 2

Party FRPO

HST Rate: 13%

		1	2	Subtotal	HST	Total
		Activity	Attendance at the Phase 2 Stakeholder Meeting			
		Date	January 29, 2020			
		Hours	Up to 3 hours			
Individual Whose Fees are Being Claimed	Hourly rate					
DWAYNE QUINN	\$330.00	2.00	3.00	\$1,650.00	\$214.50	\$1,864.50
0				\$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	3.00	\$1,650.00	\$214.50	
				Total legal/consultant fees: \$1,864.50		

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



<b>File # EB-</b> <u>2019-0003</u>	<b>Process:</b> <u>EGI DSM FRAMEWORK - PHASE 2</u>
<b>Party:</b> <u>FRPO</u>	

**Name of individual whose disbursements are being claimed:**

DWAYNE QUINN

<b>HST Rate Ontario:</b>	<b>13.0%</b>
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	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	\$99.12	\$12.89	\$112.01
Travel: Rail		\$0.00	\$0.00
Travel (Other):		\$0.00	\$0.00
Parking		\$0.00	\$0.00
Taxi		\$0.00	\$0.00
Accommodation	\$154.96	\$20.14	\$175.10
Meals		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
Other:		\$0.00	\$0.00
<b>TOTAL DISBURSEMENTS:</b>	\$254.08	\$33.03	<b>\$287.11</b>

1/

130 Muscovey Drive,  
Elmira, ON N3B 3P7  
(519) 500-1022  
drquinn@rogers.com

Date	Invoice #
2/27/2021	228

Federation of Rental-housing Providers ON  
20 Upjohn Road, Suite 105  
Toronto, ON M3B 2V9

Net 60

GST/HST No. 820292415

GST/HST No.



Residence Inn® Toronto Vaughan [www.marriott.com/Yyztv](http://www.marriott.com/Yyztv)  
11 Interchange Way, Vaughan On L4k 5w3 P 905.695.4002  
[Marriott.com/YYZTV](http://Marriott.com/YYZTV)

D. Quinn		Room: 523		
		Room Type: TOBT		
		Number of Guests: 1		
		Rate: \$149.00	Clerk:	
Arrive: 28Jan20	Time: 03:23PM	Depart: 29Jan20	Time:	Folio Number: 77664

DATE	DESCRIPTION	CHARGES	CREDITS
28Jan20	Room Charge	149.00	
28Jan20	Municipal Accm Tax	5.96	
28Jan20	Hst Room 834128803	20.14	
29Jan20	American Express		175.10
Card #: XXXXXXXXXXXXXXX1003/XXXX			
Amount: 175.10 Auth: 521690 Signature on File			
This card was electronically swiped on 28Jan20			

BALANCE:		0.00
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**Marriott Bonvoy Account # XXXXX7178.** Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy account statement or your online statement for updated activity.

See our "Privacy & Cookie Statement" on [Marriott.com](http://Marriott.com).