**SUBMIT BY EMAIL (PDF WITH SIGNATURE)**

**TO CONTRACT MANAGEMENT, WITH ORIGINAL TO FOLLOW TO THE ADDRESS ABOVE**

**(ATTN: FIT CONTRACT MANAGEMENT):**

FIT.Contract@ieso.ca

Capitalized terms not defined herein have the meaning ascribed thereto in the FIT Contract.

| Date | <insert date> |
| --- | --- |
| Legal Name of Supplier | <insert legal name of Supplier> |
| FIT Contract Identification # | <insert FIT Contract ID #> (the “FIT Contract”) |
| Contract Date | <insert Contract Date> |
| FIT Contract Version | [ ]  Version 1.3 [ ]  Version 1.5  |
| Schedule “A” – Economic Interest Breakdown | [ ]  Attached |
| Legal Name of Assignee | <insert legal name of Assignee, if applicable - if not applicable, insert "N/A"> |
| Declaration given by | [ ]  Supplier [ ]  Assignee pursuant to the FIT Contract (the “Assignee”) |

The Supplier or Assignee, as applicable, is submitting the attached Prescribed Form – Aboriginal Participation Project Declaration either:

[ ]  to satisfy the requirements of Sections 15.7 or 15.9, as applicable, of the FIT Contract; or

[ ]  to satisfy the requirements of an assumption and acknowledgement agreement between the Assignee, the IESO, and the Supplier (the “Assignment Agreement”).

The Supplier or Assignee, as applicable, represents and warrants that all of the information in this Prescribed Form – Aboriginal Participation Project Declaration is complete, true and accurate, and there is no material information omitted from this Prescribed Form – Aboriginal Participation Project Declaration that makes the information contained herein misleading or inaccurate.

The Supplier acknowledges and agrees that this Notice is being delivered to the IESO solely for the purposes of the FIT Contract. It does not constitute a notice for any other purpose, including, without limitation, to meet an obligation to provide notice to the System Operator pursuant to the IESO Market Rules.

| Supplier: <insert legal name of Supplier/Assignee> |
| --- |
| Signature: |
| Name:       |
| Title:       |
| I have the authority to bind the <Supplier/Assignee>. |
| Dated this       day of       , 20   |

| **STATUTORY DECLARATION****PROVINCE OF ONTARIO** | **IN THE MATTER OF** <insert FIT Contract ID #> (the “FIT Contract”) |
| --- | --- |

Capitalized terms not defined herein have the meaning ascribed thereto in the FIT Contract.

I, ­­­­­­­­­­­­­­­­­­­­­­­­­­­­<insert name of declarant>, of the <insert City/Town/Region etc.> of <insert name of City/Town/Region etc.>, in <insert name of Province or State>, DO SOLEMNLY DECLARE, on behalf of the Supplier or the Assignee, as applicable, without personal liability, the following information:

1. I am the / an <insert office held, e.g. president, director, etc.> of the Supplier or Assignee, as applicable, and, as such, have knowledge of the matters declared below, and am duly authorized by the Supplier or Assignee, as applicable, to execute this declaration.
2. Either:

[ ]  The Supplier and the IESO are parties to a Feed-In Tariff Contract dated as of the       day of       , 20   and designated FIT Contract Identification #       in respect of a Facility that is an Aboriginal Participation Project; or

[ ]  The Assignee and the IESO are or will be parties to a Feed-In Tariff Contract dated as of the       day of       , 20   and designated FIT Contract Identification #       in respect of a Facility that is or will be, as of the date of the Assignment, an Aboriginal Participation Project.

**ABORIGNAL PARTICIPATION LEVEL**

1. The Economic Interest in the Supplier or Assignee, as applicable, as set out in Schedule “A” attached hereto is true and accurate in all material respects, as of the date hereof.
2. As of the date hereof, all other information set out in Schedule “A” attached hereto is true and accurate in all material respects, and the Aboriginal Participation Level in the Supplier or Assignee, as applicable, is <insert percentage>%.

**AND I MAKE THIS SOLEMN DECLARATION** conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the *Canada Evidence Act.*

| Declared before me at <insert City, Town, Region, etc.> of <insert name of City, Town, Region, etc.> in the <Province/State> of <insert name of Province/State> this    day of       , 20   | Name of Declarant <insert name of declarant> |
| --- | --- |
| Name of Commissioner of Oaths, etc.<insert name of Commissioner of Oaths, etc.> | Signature of Declarant |
| Signature of Commissioner of Oaths, etc. | ***Note:*** *Statutory declarations must be solemnly declared and signed before commissioners of oaths or similar officials (e.g. notary public).* |

**SCHEDULE “A”**

**ABORIGINAL PARTICIPATION PROJECT ECONOMIC INTEREST BREAKDOWN**

| **Holder of Economic Interest** **(i.e. Name of Aboriginal Community)** | **Type of Legal Entity** | **% of Economic Interest in the Supplier or Assignee,** **as applicable**  | **Aboriginal Community Involvement[[1]](#footnote-1)****(indicate whether****type i, ii, iii, iv)[[2]](#footnote-2)** |
| --- | --- | --- | --- |
| 1. <insert name of Aboriginal Community>
 | <insert type of Legal Entity> | <insert % of Economic Interest> | Choose an item. |
| 1.
 |       |       | Choose an item. |
| 1.
 |       |       | Choose an item. |
| 1.
 |       |       | Choose an item. |
| 1.
 |       |       | Choose an item. |
| 1.
 |       |       | Choose an item. |
| 1.
 |       |       | Choose an item. |
| 1.
 |       |       | Choose an item. |
| 1.
 |       |       | Choose an item. |
| 1.
 |       |       | Choose an item. |

***(Use a separate attachment or extra pages, as necessary)***

1. If the Aboriginal Community involvement is as provided in subsection 9.1(a)(iv) of the FIT Rules, then an additional schedule must be included showing the ownership breakdown of the wholly owned corporation. [↑](#footnote-ref-1)
2. Type i, ii, iii, iv as described in Section 9.1(a)(i), (ii), (iii), or (iv) of the FIT Rules. [↑](#footnote-ref-2)