**PROPOSAL FORM INSTRUCTIONS**

1. All capitalized terms used in these instructions and the Proposal Form, unless otherwise stated, have the meanings ascribed to them in the ECB Rules (the “Rules”) Appendix – Definitions.
2. This Proposal Form must be used to submit the Proposal. No other proposal formats will be accepted.
3. In accordance with Section 5.1(b) of the Rules, Proposals must be received by the IESO on or before the Proposal Submission Deadline of **October 2, 2017 at 12:00 EST**. Proposals submitted after the Proposal Submission Deadline will be deemed late and will not be reviewed.
4. Where the Proponent is applying to the ECB Program in respect of more than one Initiative, the Proponent must submit a separate Proposal for each Initiative.
5. Sections 1 through 6 of the Proposal Form must be completed in their entirety by all Proponents.
6. Each of Appendix A, Appendix B and Appendix C must be completed in its entirety, if applicable to the Proposal.
7. Where two or more Proponents are submitting a Joint Proposal, the Proponent identified in Section 1 will be identified as the Lead Proponent. Each Joint Proponent must complete Appendix A: Joint Proponent Information and must attach the Appendix B: Joint Proponent Declaration page signed by an authorized representative of the Joint Proponent.
8. All fields must be completed if applicable to the Proponent. If not applicable, they should be marked "Not Applicable."
9. Apart from the completion of any blanks, drop down lists or similar uncompleted information in the Proposal Form, no amendments may be made to the wording of the Proposal Form.
10. Each of the text fields in this Proposal Form will resize to accommodate the amount of text entered into the field.
11. When you are ready to submit your Proposal, please save the completed Proposal Form in a fixed form (i.e. PDF) and submit to the IESO along with all required attachments in accordance with Section 5.1(c) of the Rules. The Proposal Form must be submitted in its entirety to be considered for funding, and can be submitted to the IESO in soft or hard copy by either:

Email: [ECB@ieso.ca](mailto:ECB@ieso.ca)

Mail: Independent Electricity System Operator

120 Adelaide Street West, Suite 1600

Toronto, ON M5H 1T1

Attention: Education and Capacity Building Program

1. If the Proposal Form is not completed in its entirety, the Proposal may be rejected in accordance with the Rules. For all Proposal requirements and provisions on how the Proposal will be evaluated, Proponents are encouraged to review and refer to Section 5 of the Rules.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Proposal Overview** | | | | | | | | |
| 1. **Proponent Name**   **(or Lead Proponent Name, as applicable):** | |  | | | | | | |
| 1. **Proponent Type:** | |  | First Nation and Métis Community | | | | | |
|  | First Nation and Métis Organization (as provided for in Section 2.2(b)(iii) of the Rules) | | | | | |
|  | Co-op | | | | | |
|  | Municipality | | | | | |
|  | Public Sector Entity | | | | | |
|  | Registered Charity | | | | | |
|  | Not-for-Profit Organization | | | | | |
|  | A Legal Entity wholly-owned and Controlled only by a Person or Persons that constitute the same Proponent Type, as per below: | | | | | |
|  | *<Select the Proponent Type here>* | | | | | |
|  | A Legal Entity that is jointly owned and Controlled only by Persons described in Section 2.2(b)(ii) of the Rules, and constitute the following eligible Proponent Types: | | | | | |
|  | *<Select the Proponent Type here>* | | | | | |
|  | *<Select the Proponent Type here>* | | | | | |
|  | *<Select the Proponent Type here>* | | | | | |
|  | *<Select the Proponent Type here>* | | | | | |
| 1. **Is this Proposal being submitted on behalf of Joint Proponents?** | | Yes\* | | | | | | |
| ***If Yes, please list all Joint Proponents:*** | | | | | | |
|  | | | | | | |
| C:\Users\visrams\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\PW33BKNJ\missiridia-Universal-information-symbol[1].png If **Yes**, Appendix A must be completed for each Joint Proponent.  [**Joint Proponent Declaration Page attached for each Joint Proponent**](#AppBJointProponentInfoandDeclarations) | | | | | | |
| 1. **Category Type:** | | Select Category Type here | | | | | | |
| 1. **Target Audience(s) of the Proposed Initiative:**   *Please select all that apply* | |  | | First Nation and Métis Communities | | | | |
|  | | Co-ops | | | | |
|  | | Municipalities | | | | |
|  | | Public Sector Entities | | | | |
| ***If your Target Audience is one or more specific Community, Co-op, Municipality or Public Sector Entity, please indicate the relevant Target Audience name(s) below:*** | | | | | | |
|  | | | | | | |
| 1. **Total Funding Requested:** | | $ | | | | | | |
| **Section 2: Proponent Information** | | | | | | | | |
| 1. **Primary Contact:** | | **Name:** | | |  | | | |
| **Title:** | | |  | | | |
| **Mailing Address:** | | |  | | | |
| **Phone Number(s):** | | | ***Main:*** |  | ***Alternate:*** |  |
| **Fax:** | | |  | | | |
| **Email:** | | |  | | | |
| **Preferred Method of Contact:** | | | <Select> | | | |
| 1. **Secondary Contact:** | | **Name:** | | |  | | | |
| **Title:** | | |  | | | |
| **Mailing Address:** | | |  | | | |
| **Phone Number:** | | | ***Main:*** |  | ***Alternate:*** |  |
| **Fax:** | | |  | | | |
| **Email:** | | |  | | | |
| **Preferred Method of Contact:** | | | <Select> | | | |
| 1. **Signatory:**   *C:\Users\visrams\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\I5GT3CFP\Info_Simple_bw.svg[1].png*  *Signatory* ***must*** *have the signing authority to bind the Proponent or Lead Proponent, as applicable* | | **Name:** | | |  | | | |
| **Title:** | | |  | | | |
| **Mailing Address:** | | |  | | | |
| **Phone Number:** | | | ***Main:*** |  | ***Alternate:*** |  |
| **Fax:** | | |  | | | |
| **Email:** | | |  | | | |
| **Preferred Method of Contact:** | | | <Select> | | | |
| 1. **Has the Proponent previously applied to any of the IESO's Support Programs:** | | Yes\* | | | | | | |
| ***\*If yes, please provide further information in the space below indicating the status of the application, proposal, or Funding Agreement, as applicable:*** | | | | | | |
|  | | | | | | |
| 1. **Please provide a detailed description of the mission and mandate of the Proponent:** | | | | | | | | |
|  | | | | | | | | |
| 1. **Please provide a detailed description of the Proponent's motivation for undertaking the Initiative:** | | | | | | | | |
|  | | | | | | | | |
| **Section 3: Initiative Information** | | | | | | | | |
| 1. **Please provide a detailed description of the Initiative and each of the Initiative’s components:** | | | | | | | | |
|  | | | | | | | | |
| ***C:\Users\visrams\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\I5GT3CFP\Info_Simple_bw.svg[1].png*** | ***If you are applying to Category 1, you must also complete sub-section A***  ***If you are applying to Category 3, you must also complete sub-section B*** | | | | | | | |
| 1. ***Proposals to Category 1 only:***   **Please provide a detailed description of how the Initiative will:**   1. **move forward on the opportunities identified in the Community Energy Plan;** 2. **how the Initiative will build capacity within the Target Audience and develop the tangible skills of one or more Internal Resource or community members of the applicable Target Audience; and** 3. **how the Target Audience will be engaged in the implementation of the Community Energy Plan.** | | | | | | | | |
|  | | | | | | | | |
| 1. ***Proposals to Category 3 only:***   **Please provide a detailed description of how the approach or delivery method of the Initiative is unique or innovative, and how the innovative or unique approach will contribute to the success of the Initiative.** | | | | | | | | |
|  | | | | | | | | |
| 1. **Please provide a detailed description of the gap or opportunity identified which the Initiative aims to address:** | | | | | | | | |
|  | | | | | | | | |
| 1. **Please provide a detailed description of the scan carried out for current resources available to the Target Audience(s).**   **The description *must* include the following components, but is not limited to:**   1. **results of the scan; and** 2. **the resources currently available for the identified gap or opportunity.** | | | | | | | | |
|  | | | | | | | | |
| 1. **Please provide a detailed description of how the Initiative aims to address the identified gap or opportunity.** | | | | | | | | |
|  | | | | | | | | |
| 1. **Please provide a detailed description of how the Initiative is not duplicative of the resources that are already available, or where there is potential or perceived duplication with currently available resources, why the additional resource is required and how the Initiative can leverage the existing resources. Please also provide a detailed description of how the Initiative will be unique from or build upon the existing resources available.** | | | | | | | | |
|  | | | | | | | | |
| 1. **Please describe the capacity the Target Audience(s) is expected to gain as a result of the Initiative:** | | | | | | | | |
|  | | | | | | | | |
| 1. **Please provide a detailed description of how the materials or resources developed as part of the Initiative will be made easily accessible, publically available and free of charge to the relevant Target Audience(s):** | | | | | | | | |
|  | | | | | | | | |
| 1. **Please describe the success measures that the Proponent will use to evaluate the Initiative upon its completion, why the success measures are suitable for the Initiative, and how they will be implemented to establish a meaningful assessment of the Initiative’s effectiveness.**   **The success measures of the Initiative should include, but are not limited to:**   1. **an evaluation of how the capacity or skills of the Target Audience will increase as a result of the Initiative;** 2. **the number of jobs, apprenticeships or mentoring opportunities that will be created through the Initiative;** 3. **the number of individuals expected to participate or be engaged through the Initiative.** | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| **Section 4: Work Plan, Budget and Project Team Description** | | | | | | | | |

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1. Please provide information for the Work Plan, Budget and Project Team Description in the following table.
2. You will be required to provide detailed information on each activity that will be undertaken for the Initiative which must include a detailed description of the scope of work, project team and budget. The Work Plan, Budget and Project Team table provides space for ten (10) Activities. If you require additional lines for activities, please visit the Website and download the *Work Plan, Budget and Project Team Description: Additional Activities Form*, complete it in accordance with these instructions and submit with your Proposal.
   1. *Scope of work* for the activity: the detailed description must include, but is not limited to:
      1. a detailed description of the activity
      2. how the work will be managed
      3. how Costs will be controlled
      4. how any Costs for this activity related to meetings, travel and hospitality will remain in compliance with Section 4.5 of the Rules and in accordance with the [Ontario Travel, Meal and Hospitality Expenses Directive 2010](https://www.ontario.ca/document/travel-meal-and-hospitality-expenses-directive).
   2. For each activity, you must identify any and all Internal Resources and External Resources that will be undertaking the activity. Please list each Internal Resource and External Resource by individual.
   3. *Experience and Responsibilities* for each Project Team member **must** include, but is not limited to:
      1. a detailed description of the roles and responsibilities in relation to the activity of each member of the Project Team
      2. a detailed description of the Internal Resource or External Resource’s knowledge and experience with current or past projects, the delivery method, subject matter, programs or other initiatives undertaken, including education initiatives, energy projects or other experience relevant to the Initiative and outcome.
   4. *Identification of Other Sources of Funding*
      1. You will be required to identify the name of any other sources of funding who will be providing any funding in respect of each Activity in the table and the amount of funding being provided.
      2. For any other sources of funding identified, you must complete Question 24 of this Proposal Form to provide additional information on the other sources of funding.
   5. Additional requirements for the Work Plan, Budget and Project Team Descriptions table are found within the table.
3. The *Total Initiative Budget and Requested Funding for all activities* is inclusive of all activities for which you are requesting funding through the ECB Program, including any activities identified on the *Work Plan, Budget and Project Team Description: Additional Activities Form.*
4. Funding provided under the ECB Program will be provided for Eligible Expenses that are incurred directly by the Successful Proponent in order to complete the Initiative that are, in the sole and absolute discretion of the IESO, directly related to, and reasonably necessary to complete, the Initiative, up to the amount per Initiative set out in Section 3.1 of the Rules. Funding will not be provided for any Ineligible Expenses that are identified in Section 4.6 of the Rules.
5. Failure to provide details for all the requirements outlined below may result in rejection or lower score of the Proposal by the IESO Review Committee.

**Required Attachments:**

1. You will be required to provide the following attachments for each Internal and External Resource you identify in the Work Plan, Budget and Project Team table.
2. Demonstration of compliance with the Competitive Procurement Process:
   1. if the Proponent is subject to a Competitive Procurement Process under the Rules:
      * copies of all relevant requests for proposals and procurement documents; and
      * copies of quotes and rates from the potential service providers showing the agreed upon rates for services between all External Resources and the Proponent; and
   2. if the Proponent is exempt from a Competitive Procurement Process as provided for in Section 4.4(b) of the Rules, evidence of such exemption demonstrated either through:
      * documentation evidencing the value of the services is less than $15,000.00 (exclusive of HST) satisfactory to the IESO; or
      * demonstrated through documentation evidencing such External Resources provided the same type of goods or services to the Proponent on an ongoing basis prior to January 1, 2016, satisfactory to the IESO.
3. For **each** Project Team member (both Internal and External) that has been retained/hired:

* A resume, curriculum vitae (CV) or other documentation demonstrating the relevant skills and qualifications of the Project Team member, or other documentation acceptable to the IESO, in its sole and absolute discretion, in respect of the same.

1. For **each** Internal Resource that has not been hired/retained yet

* The job description/posting in accordance with Section 5.2(c)(4) of the Rules that will be used to hire the Internal Resource which must include the qualifications of the Internal Resource and the selection criteria that will be used to retain the individual

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **WORK PLAN AND PROJECT TEAM DESCRIPTION** | | | | | **BUDGET *(excludes HST)*** | | | | | | | |
| **SAMPLE ONLY** | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
| Hire two interns to act as project support and Workshop Assistants | Nov-17 | Feb-17 | Ontario ABC Solar Co-op will hire two Indigenous students from a relevant academic institution in the Greater Toronto Area to assist in the delivery of the project. Their training will include, but not be limited to: (a) Facilitating relevant workshops and key energy issues relevant to First Nation Communities; (b) establish connections with additional First Nation communities; (c) coordinate and track dialogue and information sharing between First Nation communities participating in the network. This will be a part-time, 4-month position. | | ZYX Organization Inc. | | | | | $2,960 | $1,000 | $1,960 |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** | |
| Anna Vanderwol, Project Manager, Ontario ABC Solar Co-op | Internal | | Ontario ABC Solar Co-op employee for six years; Project Manager leading several projects at Ontario ABC, including the successful build of the Great Big Wind Farm in Anyplace, Ontario. Has built and lead teams of 4-15 people in energy projects for past 18 years, with responsibilities of hiring and managing personnel. Will be responsible for leading advertisement and promotion of the position, conducting interviews and hiring the successful applicant. | Yes | 40 | $40 | | $1,600 | |
| TBD, Administrative Support | Internal | | Currently recruiting for internal administrative employee. Will be responsible for assisting the Project Manager with advertisement and promotion of the position; including contacting universities and other applicable entities about the available position, as well as helping administer the internal hiring process. | Yes | 20 | $18 | | $360 | |
| Sam Smith, Community Outreach Coordinator, Outreach Organization Co. | External | | Community outreach experience for past two years. Has worked strictly on visiting communities, universities, etc. to raise awareness about education and training opportunities. Involves travel to universities and community centres in Toronto, Waterloo and Kingston. Will be responsible for outreach to communities about the opportunity. | Yes | 100 | $1000 | | $1000 | |
| Not applicable |  | |  |  | 0 | $0 | | $0 | |
| Not applicable |  | |  |  | 0 | $0 | | $0 | |
| 1 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
|  | <Select> | <Select> |  | |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource2 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource3 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource4 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource5 | <Select> | |  | <Select> |  | | $ | | $ |
| 2 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
|  | <Select> | <Select> |  | |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource2 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource3 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource4 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource5 | <Select> | |  | <Select> |  | | $ | | $ |
| 3 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
|  | <Select> | <Select> |  | |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource2 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource3 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource4 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource5 | <Select> | |  | <Select> |  | | $ | | $ |
| 4 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
|  | <Select> | <Select> |  | |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource2 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource3 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource4 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource5 | <Select> | |  | <Select> |  | | $ | | $ |
| 5 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
|  | <Select> | <Select> |  | |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource2 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource3 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource4 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource5 | <Select> | |  | <Select> |  | | $ | | $ |
| 6 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
|  | <Select> | <Select> |  | |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource2 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource3 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource4 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource5 | <Select> | |  | <Select> |  | | $ | | $ |
| 7 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
|  | <Select> | <Select> |  | |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource2 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource3 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource4 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource5 | <Select> | |  | <Select> |  | | $ | | $ |
| 8 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
|  | <Select> | <Select> |  | |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource2 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource3 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource4 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource5 | <Select> | |  | <Select> |  | | $ | | $ |
| 9 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
|  | <Select> | <Select> |  | |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource2 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource3 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource4 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource5 | <Select> | |  | <Select> |  | | $ | | $ |
| 10 | **Activity to be Completed** | **Start**  **Date *(m/y)*** | **End**  **Date *(m/y)*** | **Scope of Work**  ***(see Instructions page for full requirements)*** | | **Name(s) of Other Sources Providing Funding for this Activity**  ***(if applicable)*** | | | | | **Total Cost of Activity** | **Total Funding from Other Sources** | **Total ECB Funding Requested** |
|  | <Select> | <Select> |  | |  | | | | | $ | $ | $ |
| **Resource Name, Title and Company** | **Resource Type** | | **Experience and Responsibilities**  ***(see Instructions page for full requirements)*** | **All required attachments provided?** | **Total Hours of Work** | | **Hourly or Lump Sum Rate** | | **Total Cost of Resource** |
| Resource1 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource2 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource3 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource4 | <Select> | |  | <Select> |  | | $ | | $ |
| Resource5 | <Select> | |  | <Select> |  | | $ | | $ |
| Do you require space for additional activities?  Yes, a supplementary *Work Plan, Budget and Project Team Description: Additional Activities Form* has been attached to this Proposal for additional activities  No, additional space is not required. | | | | | | | | | | | | | |
| **Total Initiative Budget and Requested Funding for all Activities** | | | | | | | | | | |  |  |  |

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| 1. **Please describe how the Proponent will undertake the Initiative, including a description of how the Proponent will ensure that Initiative will be completed by the Final Deliverable Date:** |
|  |
| 1. **Please provide a description of the Project Team’s connection and relationship to the proposed Target Audience(s) and its ability to engage and deliver the Initiative to the Target Audience(s):** |
|  |
| 1. **Please provide a description of the extent to which, and ways in which, the Target Audience(s):**    1. **were engaged in the development of the Proposal and responded to the Initiative, if applicable (if not applicable, please provide an explanation as to why the Target Audience was not engaged); and**    2. **will be engaged in the completion of the Initiative:** |
|  |
| 1. **Please provide a description of all additional sources of funding for each Activity identified in the *Section 4: Work Plan, Budget and Project Team Description* table.**   **This includes, but is not limited to:**   1. **listing each Activity and the corresponding additional source(s) of funding;** 2. **providing detailed information on how the additional sources of funding are not duplicative of funding requested in the Proposal; and** 3. **identifying the contingencies that will be implemented to secure additional funding or carry out the Initiative if other sources of funding become unavailable.**   **If additional sources of funding were not identified in the Work Plan and Budget table, please write "Not Applicable".** |
|  |
| 1. **Please provide a description of the capacity of the Proponent or Joint Proponent(s) to undertake the Initiative in the timelines set out in the Work Plan:** |
|  |
| 1. **Have any efficiencies or Cost savings been taken into consideration in the Budget? If yes, please describe the efficiencies and Cost savings in detail. If no, please explain why these considerations were not taken into account:** |
|  |
| 1. **If you have identified resources that have not been hired, please provide the following additional information for each identified resource:** 2. **how will you ensure the appropriate candidate is hired?** 3. **what contingencies are in place to carry out the Initiative if the resource are unable to be hired?** |
|  |
| 1. **Where a Proponent or Project Team is submitting multiple Proposals or has ongoing initiatives funded by the IESO, please describe how the Proponent and the Project Team has the available capacity to undertake multiple Initiatives should they be selected for funding. If this does not apply, please write “Not Applicable”.** |
|  |

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| **Section 5: Proponent Declaration** |



The following page **must** be printed, signed and submitted with your ECB Proposal (for electronic submissions a scanned copy may be provided). Please ensure you make a selection from the drop-down menu below to indicate your review and acceptance of the representations, warranties and agreements. Where the Proposal is in respect of Joint Proponents, a **signed copy of Appendix B: Joint Proponents Declaration** **must** be submitted for each Joint Proponent. Breach of the representations, warranties and agreements may result in the rejection of the Proposal by the IESO.

I represent and warrant to, and agree with, the IESO, and acknowledge that the IESO is relying on such representations, warranties, and agreements as a condition precedent to the review and, if applicable, the acceptance of this Proposal, as follows:

1. The information contained in this Proposal is true, accurate and complete in all material respects;
2. As of the date of the Proposal, I have met all the applicable Mandatory Eligibility Requirements and this Proposal meets all the applicable Mandatory Proposal Requirements;
3. As of the date of the Proposal, I am not aware of any delay, circumstance, event or cause that would adversely affect the viability of the Initiative in any material way;
4. I am not in Default of any existing agreements with the IESO, its predecessor entities, or any of their third party fund managers, including funding agreements under the Support Programs, and I have not been in Default of any other agreements with the IESO, its predecessor entities, or any of their third party fund managers that have been terminated as a result of such Default;
5. I have not undertaken any communication prohibited by Section 8.3 of the ECB Rules;
6. Other than as set out in the Proposal, I have not received, and do not expect to receive, any funding for any activities that are, or could be perceived to be, duplicative of funding requested under the Proposal and, in respect of any other actual or potential source of funding disclosed as part of this Proposal, I consent to the IESO contacting such sources of funding in accordance with Section 4.7 of the ECB Rules;
7. All supporting documents required by the Rules have been attached to this Proposal;
8. I acknowledge that this Proposal will not be processed or reviewed by the IESO unless it is complete, and, if found incomplete, may be rejected by the IESO;
9. I acknowledge that there is no Conflict of Interest that could, or could be seen to, interfere with my objective, unbiased and impartial judgment relating to the Proposal, the Initiative or the use of the Disbursements;
10. I have read and I am submitting the Proposal in compliance with the Rules, and acknowledge and agree that the Proposal shall be subject to the Rules and that the Proponent shall be bound by the Rules in relation to the subject matter of this Proposal;
11. I consent and have sought and received the consent of my Affiliates (as set out herein) for the IESO to (a) communicate with the Affiliates or any other relevant third parties, and (b) use all information, including Confidential Information, in the possession of the IESO, for the purposes of evaluating and accepting or rejecting the Proposal;
12. I acknowledge that the IESO has advised the Proponent to seek independent legal advice with respect to the subject matter of this Proposal and subsequently, I acknowledge and agree that the Proponent has had the opportunity to do so.
13. I acknowledge that the IESO reserves the right to disclose all information contained in a Proposal, a Funding Agreement and all other information relating to a Proponent and its Affiliate that it has received in the course of carrying out the ECB Program as provided for in Section 8.8 of the ECB Rules.
14. I acknowledge that any materials or resources developed for the Initiative under the ECB Program must be made easily accessible, publicly available and free of charge to the relevant Target Audience(s) identified in the Proposal in accordance with Section 2.1(g) of the Rules;
15. I incorporate by reference the further representations, warranties and agreements set out in the ECB Rules and hereby restate such representations, warranties and agreements for the benefit of the IESO.

|  |  |  |  |
| --- | --- | --- | --- |
| **THE PROPONENT HAS READ AND AGREES WITH THE ABOVE PROPONENT DECLARATIONS:** | | | <Select> |
|  |  |  | |
| **Proponent Name** |  | **Date** | |
|  |  |  | |
| **Signatory's Name (print)** |  | **Signatory Signature**  ***I have the authority to bind the Proponent.*** | |

|  |  |  |  |
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| **Section 6: Attachments Checklist** | | | |
| C:\Users\visrams\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\I5GT3CFP\Info_Simple_bw.svg[1].png   * The following supporting documentation **must** be attached with the Proposal Form. **Unless there is a "Not Applicable" option, all attachments MUST be included in your Proposal submission.** * Please ensure you have made the appropriate selection under the *Status* column for each required document and attached all corresponding documentation with your Proposal. * Where the Proposal is being submitted electronically, please identify the file name of each attachment in the "File Name(s) in Email Submission" column below. Where the Proposal is being submitted in hard copy, please clearly number each attachment in the upper-right hand corner of the first page of each attachment, and identify the item number in the "Hard Copy Item Number" column below. | | | |
| **Required Document(s)** | **Status** | **Additional Instruction** | **File Name(s) in Email Submission** |
| **Signed Proponent Declaration Page** | <Select> | The Proponent Declaration Page **must** be printed, signed by the signatory, and scanned (PDF) as part of the Proposal. |  |
| **Joint Proponent(s) Declaration Page(s)** | <Select> | A copy of the Proponent Declaration Page must be provided for **each** Joint Proponent. The Proponent Declaration page **must** be printed, signed by the signatory for each Joint Proponent, and scanned (PDF) as part of the Proposal. |  |
| **Evidence demonstrating existing business relationship with External Resources for each Resource** | <Select> | Evidence **must** be provided for **each** External Resource that is exempt from a Competitive Procurement Process, through either:   * + 1. the value of goods and services is less than $15,000.00 (excl. HST)     2. a prior existing relationship before January 1, 2016 exists.   *Please see Section 4.4 of the Rules for more information on the Competitive Procurement Process.* |  |
| **Evidence demonstrating compliance with Competitive Procurement Process for all External Resources** | <Select> | Evidence must be provided for each External Resource that is was required to be retained through a Competitive Procurement Process:   1. copies of all relevant requests for proposals and procurement documents; and 2. copies of quotes and rates from the potential service providers showing the agreed upon rates for services between all External Resources and the Proponent;   *Please see Section 4.4 of the Rules for more information on the Competitive Procurement Process.* |  |
| **Evidence demonstrating Project Team experience and qualifications** | <Select> | For resources that have been retained:   * a resume, CV or other documentation acceptable by the IESO, **must** be provided for **each** Project Team member.   For Internal Resources that have not been retained   * A job description demonstrating relevant skills and qualifications of the resource |  |
| **Completed Community Energy Plan, if the Proposal is applying in respect of Category 1** | <Select> | A copy of a completed Community Energy Plan **must** be provided if the Proposal Category Type is Category 1. |  |

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| **Appendix A: Joint Proponent Information** | | | | | | |
| **INSTRUCTIONS:**  Please complete this section if the Proposal is being submitted by Joint Proponents. If the Proposal is being submitted by more than one Joint Proponent, you can download additional Joint Proponent Information form through the link below:  <http://www.ieso.ca/Pages/Participate/Funding-Programs/Education-and-Capacity-Building-Program/ECB-Program-Documents.aspx> | | | | | | |
|  | | | | | | |
| 1. **Joint Proponent Name:** |  | | | | | |
| 1. **Joint Proponent Type:** |  | First Nation and Métis Community | | | | |
|  | First Nation and Métis Organization (as provided for in Section 2.2(b)(iii) of the Rules) | | | | |
|  | Co-op | | | | |
|  | Municipality | | | | |
|  | Public Sector Entity | | | | |
|  | Registered Charity | | | | |
|  | Not-for-Profit Organization | | | | |
|  | A Legal Entity wholly-owned and Controlled only by a Person or Persons that constitute the same Proponent Type, as per below: | | | | |
|  | *<Select the Proponent Type here>* | | | | |
|  | A Legal Entity that is jointly owned and Controlled only by Persons described in Section 2.2(b)(ii) of the Rules, and constitute the following eligible Proponent Types: | | | | |
|  | *<Select the Proponent Type here>* | | | | |
|  | *<Select the Proponent Type here>* | | | | |
|  | *<Select the Proponent Type here>* | | | | |
|  | *<Select the Proponent Type here>* | | | | |
| 1. **Signatory:**   *Signatory* ***must*** *have the signing authority to bind the Joint Proponent* | **Name:** | |  | | | |
| **Title:** | |  | | | |
| **Mailing Address:** | |  | | | |
| **Phone Number:** | | ***Main:*** |  | ***Alternate:*** |  |
| **Fax:** | |  | | | |
| **Email:** | |  | | | |
| **Preferred Method of Contact:** | | <Select> | | | |
| 1. **Has the Joint Proponent previously applied to any of the IESO's Support Programs?** | <Select> | | | | | |
| \*If yes, please provide further information in the space below indicating the status of the application, proposal, or Funding Agreement, as applicable: | | | | | |
|  | | | | | |
| 1. **Please provide a description of the mission and mandate of the Joint Proponent.** | | | | | | |
|  | | | | | | |
| 1. **Please describe the Joint Proponent's motivation for undertaking the Initiative:** | | | | | | |
|  | | | | | | |
| 1. **Please provide a description of how the Joint Proposal will strengthen the Initiative or enhance the access or delivery to the Target Audience.** | | | | | | |
|  | | | | | | |

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| **Appendix B: Joint Proponent Declaration** |



The following page **must** be printed, signed and submitted with your ECB Proposal (for electronic submissions a scanned copy may be provided). Please ensure you make a selection from the drop-down menu below to indicate your review and acceptance of the representations, warranties and agreements. Where the Proposal is in respect of Joint Proponents, a **signed copy of Appendix B: Joint Proponents Declaration** **must** be submitted for each Joint Proponent. Breach of the representations, warranties and agreements may result in the rejection of the Proposal by the IESO.

I represent and warrant to, and agree with, the IESO, and acknowledge that the IESO is relying on such representations, warranties, and agreements as a condition precedent to the review and, if applicable, the acceptance of this Proposal, as follows:

1. The information contained in this Proposal is true, accurate and complete in all material respects;
2. As of the date of the Proposal, I have met all the applicable Mandatory Eligibility Requirements and this Proposal meets all the applicable Mandatory Proposal Requirements;
3. As of the date of the Proposal, I am not aware of any delay, circumstance, event or cause that would adversely affect the viability of the Initiative in any material way;
4. I am not in Default of any existing agreements with the IESO, its predecessor entities, or any of their third party fund managers, including funding agreements under the Support Programs, and I have not been in Default of any other agreements with the IESO, its predecessor entities, or any of their third party fund managers that have been terminated as a result of such Default;
5. I have not undertaken any communication prohibited by Section 8.3 of the ECB Rules;
6. Other than as set out in the Proposal, I have not received, and do not expect to receive, any funding for any activities that are, or could be perceived to be, duplicative of funding requested under the Proposal and, in respect of any other actual or potential source of funding disclosed as part of this Proposal, I consent to the IESO contacting such sources of funding in accordance with Section 4.7 of the ECB Rules;
7. All supporting documents required by the Rules have been attached to this Proposal;
8. I acknowledge that this Proposal will not be processed or reviewed by the IESO unless it is complete, and, if found incomplete, may be rejected by the IESO;
9. I acknowledge that there is no Conflict of Interest that could, or could be seen to, interfere with my objective, unbiased and impartial judgment relating to the Proposal, the Initiative or the use of the Disbursements;
10. I have read and I am submitting the Proposal in compliance with the Rules, and acknowledge and agree that the Proposal shall be subject to the Rules and that the Proponent shall be bound by the Rules in relation to the subject matter of this Proposal;
11. I consent and have sought and received the consent of my Affiliates (as set out herein) for the IESO to (a) communicate with the Affiliates or any other relevant third parties, and (b) use all information, including Confidential Information, in the possession of the IESO, for the purposes of evaluating and accepting or rejecting the Proposal;
12. I acknowledge that the IESO has advised the Proponent to seek independent legal advice with respect to the subject matter of this Proposal and subsequently, I acknowledge and agree that the Proponent has had the opportunity to do so.
13. I acknowledge that the IESO reserves the right to disclose all information contained in a Proposal, a Funding Agreement and all other information relating to a Proponent and its Affiliate that it has received in the course of carrying out the ECB Program as provided for in Section 8.8 of the ECB Rules.
14. I acknowledge that any materials or resources developed for the Initiative under the ECB Program must be made easily accessible, publicly available and free of charge to the relevant Target Audience(s) identified in the Proposal in accordance with Section 2.1(g) of the Rules;
15. I incorporate by reference the further representations, warranties and agreements set out in the ECB Rules and hereby restate such representations, warranties and agreements for the benefit of the IESO.

|  |  |  |  |
| --- | --- | --- | --- |
| **THE JOINT PROPONENT HAS READ AND AGREES WITH THE ABOVE JOINT PROPONENT DECLARATIONS:** | | | <Select> |
|  |  |  | |
| **Joint Proponent Name** |  | **Date** | |
|  |  |  | |
| **Signatory's Name (print)** |  | **Signatory Signature**  ***I have the authority to bind the Joint Proponent.*** | |

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| **Appendix C: Competitive Procurement Process** |



* This Appendix **must** be completed for *each* External Resource where a Competitive Procurement Process was required to be undertaken as provided for in the Rules.
* If more than one Competitive Procurement Process was undertaken for multiple External Resources required, please complete the applicable boxes below for *each* Competitive Procurement Process.
* Where a Competitive Procurement Process was undertaken, it must comply with the Section 4.4 of the Rules.
* **Important:** Request for proposals **must** be attached to this Proposal for *each* Competitive Procurement Process.
* If you require additional Competitive Procurement Process forms, please visit the [Website](http://www.ieso.ca/ECB)

|  |  |
| --- | --- |
| **Competitive Procurement Process 1** | |
| **Eligible Activity/Activities:** |  |
| **Summary of the scope of work tendered for:** |  |
| **Date of tender:** |  |
| **Tender closing date:** |  |
| **Total number of bids received:** |  |
| **Was it a public tendering process or by invitation only?** |  |
| **Tender Decision** | |
| **What bid was chosen?** |  |
| **Rationale for choice:** |  |
| **Request for proposal attached?** | <Select> |

|  |  |
| --- | --- |
| **Competitive Procurement Process 2** | |
| **Eligible Activity/Activities:** |  |
| **Summary of the scope of work tendered for:** |  |
| **Date of tender:** |  |
| **Tender closing date:** |  |
| **Total number of bids received:** |  |
| **Was it a public tendering process or by invitation only?** |  |
| **Tender Decision** | |
| **What bid was chosen?** |  |
| **Rationale for choice:** |  |
| **Request for proposal attached?** | <Select> |

|  |  |
| --- | --- |
| **Competitive Procurement Process 3** | |
| **Eligible Activity/Activities:** |  |
| **Summary of the scope of work tendered for:** |  |
| **Date of tender:** |  |
| **Tender closing date:** |  |
| **Total number of bids received:** |  |
| **Was it a public tendering process or by invitation only?** |  |
| **Tender Decision** | |
| **What bid was chosen?** |  |
| **Rationale for choice:** |  |
| **Request for proposal attached?** | <Select> |

|  |  |
| --- | --- |
| **Competitive Procurement Process 4** | |
| **Eligible Activity/Activities:** |  |
| **Summary of the scope of work tendered for:** |  |
| **Date of tender:** |  |
| **Tender closing date:** |  |
| **Total number of bids received:** |  |
| **Was it a public tendering process or by invitation only?** |  |
| **Tender Decision** | |
| **What bid was chosen?** |  |
| **Rationale for choice:** |  |
| **Request for proposal attached?** | <Select> |

|  |  |
| --- | --- |
| **Competitive Procurement Process 5** | |
| **Eligible Activity/Activities:** |  |
| **Summary of the scope of work tendered for:** |  |
| **Date of tender:** |  |
| **Tender closing date:** |  |
| **Total number of bids received:** |  |
| **Was it a public tendering process or by invitation only?** |  |
| **Tender Decision** | |
| **What bid was chosen?** |  |
| **Rationale for choice:** |  |
| **Request for proposal attached?** | <Select> |