New Application

The Ontario Power Authority (OPA) requires that all parties wishing to apply to the FIT Program complete this Application Form and submit it to the OPA as indicated in Section 4.1 of the FIT Rules.

FIT Help Center: 1-888-387-3403 Fax: 1-866-833-7978 Email Address: FIT@powerauthority.on.ca

By submitting this Application Form, the Applicant hereby declares that the information contained in this document and submitted by the Applicant is true, complete and accurate.

By submitting this Application, the Applicant agrees and acknowledges that the Applicant has read and understood the FIT Rules, obtained independent legal advice, and agrees to comply with all requirements contained therein.

For information on how to complete the FIT application, please review the FIT Application Instructions.

If you require additional information on a specific question, check the button that pertains to that question.

If you require further information, please refer to the related documents section of the My FIT home page.

Section 1 - General Applicant Information

Required fields are marked *

1. Applicant's Legal Name:*

2. Primary Contact Details:

   First Name:*
   Last Name:*
   Email Address:*
   Mailing Address:*
   Mailing Address:
   City/Town:*
   Country:*
   Province/State/Region:*
   Postal Code/Zip Code: (mandatory for Canada and USA)
   Phone Number:*
   Extension:
   Mobile Number:
   Fax Number:

3. Applicant Secondary Contact Details

First Name:*

Last Name:*

Email Address:*

Mailing Address:*

Mailing Address:

City/Town:*

Country:*

Province/State/Region:*

Postal Code/Zip Code: (mandatory for Canada and USA)

Phone Number:*

Extension:

Mobile Number:

Fax Number:

4. The Applicant is:*

- ○ an individual
- ○ a corporation
- ○ a partnership
- ○ a joint venture
- ○ Other - specify:

4a. Where the Applicant is a corporation, provide the names of the Directors and Officers; where the Applicant is a partnership, joint venture or other, provide the names of the directors, officers and partners as applicable.

5. Is the Applicant a non-resident of Canada as defined in the Income Tax Act?*

- ○ Yes
- ○ No

6. Is the Applicant a GST Registrant?*

- ○ Yes
- ○ No

6a. If yes, provide the Applicant's GST Registration Number:

7. Is the Applicant a generator currently licensed with the Ontario Energy Board?*

- ○ Yes
- ○ No

7a. If yes, provide the Applicant's Ontario Energy Board licence number:*

8. Is the Project eligible for the Aboriginal or Community Price Adder?*

- Yes
- No

8a. If yes, indicate below whether the Project is applying for the Aboriginal or Community Price Adder and indicate the Participation Level:

- Aboriginal Participant Level
- Community Participant Level

8a.1 If Project Participant is a First Nation, provide band name(s):

8a.2 If Project Participant is a Métis community, provide community name(s):

8i. If applying as a community project, provide community name(s):

9. Has the Applicant applied for the OPA's Aboriginal or Community funding for this Project? *

- Yes
- No

9a. If yes, indicate whether funding is for an Aboriginal or Community project and the amount received: *

- Aboriginal Amount received in dollars
- Community Amount received in dollars

9i. If no, does Applicant intend to apply for the funding?: *

- Yes
- No

9ii. If yes, please indicate which fund: *

- Aboriginal
- Community

10. Is the Project located on Crown lands? *

- Yes

- No

10a. If yes, what is the Project's Ministry of Natural Resources Application Number? *

11. Is the Applicant applying for an ecoENERGY incentive? *
    - Yes
    - No

12. Is the Applicant currently a Market Participant? *
    - Yes
    - No

    12a. If yes, what is the Applicant's Market Participant Number? *

Section 2 - Project Eligibility Requirements

Required fields are marked *

1. Project Name:*

2. Municipal address of Project (must be located in Ontario)

   Street Address:*
   Street Address:
   City/Town:*
   Province:* ON
   Postal Code:*

3. Legal description of Location of Project:*

4. Project is a Renewable Generating Facility for:*
   - Bio-gas
   - Bio-gas (on-farm)
   - Landfill gas
   - Renewable biomass
   - Solar photovoltaic (PV) (rooftop)
   - Solar photovoltaic (PV) (ground mount)
   - Waterpower
   - Wind (off-shore)
   - Wind (on-shore)

5. Gross Nameplate Capacity in kilowatts (kW):* (Note: 1MW = 1,000kW)

6. Does the Project have, or has it had, a Prior Contract?*

- Yes
- No

6a. If yes, was this contract terminated prior to or more than 12 months before the date an application was submitted to the OPA?*

- Yes
- No

7. Has the Applicant applied for an Impact Assessment? *

- Yes
- No

7a. If yes, has the Applicant's Impact Assessment been rescinded?

- Yes
- No

8. Is this Project an Incremental Project?*

- Yes
- No

8a. If yes, is the Applicant the owner or operator, or an Applicant Related Person to the owner or operator, of the Existing Generating Facility or the Planned Generating Facility to which the Project is incremental? *

- Yes
- No

8b. Name of Existing Generating Facility to which the Project is Incremental:

8c. Contract number of Existing Generating Facility:

8d. Is address of Existing Generating Facility same as address of Project?

- Yes
- No

If no, Answer Question 8di

8di. Address of Existing Generating Facility:

Street Address:*

Street Address:

City/Town:*

Province:* ON

Postal Code:*

8e. Is the contact details for Existing Generating Facility same as that of the Primary Contact for the Project? *?

- Yes
- No

If no, Answer Question 8ei

8ei. Contact details for Existing Generating Facility:

First Name:*

Last Name:*

Mailing Address:*

Mailing Address:

City/Town:*

Country:*

Province/State/Region:*

Postal Code/Zip Code: (mandatory for Canada and USA)

Email Address:*

Phone Number:*

Extension:

Mobile Number:

Fax Number:

8f. Existing Generating Facility Renewable Fuel:

- Bio-gas
- Bio-gas (on-farm)
- Landfill gas
- Renewable biomass
- Solar photovoltaic (PV) (rooftop)
- Solar photovoltaic (PV) (ground mount)
- Waterpower
- Wind (off-shore)
- Wind (on-shore)

8g. Gross Nameplate Capacity of Existing Facility in kW:* (Note: 1 MW = 1,000kW)

8h. Expected or actual Commercial Operation Date of Existing Facility:* (dd/mm/yyyy)

Section 3 - Project Connection Requirements

Required fields are marked *

1. Expected Commercial Operation Date of Project:* (dd/mm/yyyy)

2. Is the Project a Capacity Allocation Exempt Project?*

   - Yes
   - No

3. Is Project connected to a Host Facility?*

   - Yes
   - No

4. Project is connected to:

   - Transmission System (the IESO-Controlled Grid)
   - Distribution System

   If Project is Transmission Connected in Question 4 above and not connected to a Host Facility, Answer Questions 4.1.1 to 4.1.4ii

   4.1.1. Name of Transmitter:*

   4.1.2. Does the Project require an enabler facility to connect?*

   - Yes
   - No

   4.1.2a. GPS coordinates of Location of Project (longitude, latitude - Degree Decimal Format):* e.g. 49.392, -75.570

   4.1.3. Connection Voltage Level in kilovolt (kV):

   4.1.4. Is your proposed connection point at a circuit or at Transformer Station or Switching Station:*

   - Circuit
   - Transformer Station or Switching Station (direct connection onto high voltage side only)

   If circuit:

   4.1.4a. Name of circuit:* e.g. M29C

   4.1.4b. Connection point location (Tower Number): e.g X1530

4.1.4c. GPS coordinates of the connection point location (longitude, latitude - Degree Decimal Format):* e.g. 49.392, -75.570

4.1.4d. GPS coordinates of Location of Project (longitude, latitude - Degree Decimal Format):* e.g. 49.392, -75.570

If Transformer Station or Switching Station:

4.1.4i. Name of Transformer Station or Switching Station:*

4.1.4ii. GPS coordinates of Location of Project (longitude, latitude - Degree Decimal Format): * e.g. 49.392, -75.570

If Project is Distribution Connected in Question 4 above and not connected to a Host Facility, Answer Questions 4.2.1 to 4.2.4iii:

4.2.1. Name of Local Distribution Company:*

4.2.2. Does the Project require expansion of the distribution system in order to connect economically?*

- Yes
- No

4.2.2a. GPS coordinates of Location of Project (longitude, latitude - Degree Decimal Format):* e.g. 49.392, -75.570

4.2.3. Generator connecting on:

- Single Phase
- Three Phase

4.2.4. Is your proposed connection point at a feeder or at Transformer Station or Distribution Station:*

- Feeder
- Transformer Station or Distribution Station

If circuit:

4.2.4a. Feeder Name:* e.g. 22M24

4.2.4b. Connection Voltage Level in kilovolts (in kV):* e.g. 27.6 kV

4.2.4c. GPS coordinates of the connection point location (longitude, latitude - Degree Decimal Format):* e.g. 49.392, -75.570

4.2.4d. GPS coordinates of Location of Project (longitude, latitude - Degree Decimal Format):* e.g. 49.392, -75.570

If Transformer Station or Distribution Station:

4.2.4i. Name of Transformer Station to which the Feeder is connected: * e.g. Leitrim DS

4.2.4ii. Connection voltage level in kilovolts (kV):*

4.2.4iii. GPS coordinates of Location of Project (longitude, latitude - Degree Decimal Format):* e.g. 49.392, -75.570

4.2.4iiii. Name of Distribution Station to which the Feeder is connected

If Project is Host-Facility Connected in Question 3 above, Answer Questions 4.3.1 to 4.3.4

4.3.1. Host Facility Name:*

4.3.2. Is Host Facility Municipal Address same as Municipal address of the Project?*

- Yes
- No

If no, Answer Question 4.3.2a

4.3.2a. Host Facility Municipal Address:

Street Address:*

Street Address:

City/Town:*

Province:* ON

Postal Code:*

4.3.3. Is legal description of Host Facility Location same as legal description of Project Location?*

- Yes
- No

If no, Answer Question 4.3.2a

4.3.3a. Legal description of Host Facility Location:*

4.3.4. Host Facility is connected to:*

- Distribution System

○ Transmission System (the IESO-Controlled Grid)

If Host Facility is connected to a Distribution System in Question 4.3.4 above, answer Questions 4.3.4a to 4.3.4gii:

4.3.4a. Name of Local Distribution Company serving Host Facility:*

4.3.4b. Local Distribution Company Account Number: (Please include "-" and any spaces shown on your account number)

4.3.4c. Name on Local Distribution Company Account:

First Name:

Last Name:

4.3.4d. Is the service address of Local Distribution Company account same as Municipal address of project?*

○ Yes

○ No

If no, Answer Question 4.3.4di

4.3.4di Service address of Local Distribution Company account:

Street Address:*

Street Address:

City/Town:*

Province:* ON

Postal Code:*

4.3.4e. Generator connecting on:*

○ Single Phase

○ Three Phase

4.3.4f. GPS coordinates of Location of Project (longitude, latitude - Degree Decimal Format): * e.g. 49.392, -75.570

4.3.4g. Is the Host Facility connection point at a feeder or at Transformer Station or Distribution Station?*

○ Feeder

○ Transformer Station or Distribution Station

If feeder:

4.3.4ga. Name of Feeder connecting Host Facility:* e.g. 22M24

4.3.4gb. Connection Voltage Level of Host Facility in kilovolts (kV):* e.g. 27.6 kV

4.3.4gc. Name of Transformer Station to which the Feeder is connected:* e.g. Leitrim DS

4.3.4gd. Name of Distribution Station to which the Feeder is connected:*

If Transformer Station or Distribution Station:

4.3.4gi. Name of Transformer Station:* e.g. Leitrim DS

4.3.4gii. Connection voltage level in kilovolts (kV):*

4.3.4giii. Name of Distribution Station:*

If Host Facility is connected to Transmission System in Question 4.3.4 above, Answer Questions 4.3.5a to 4.3.5d::

4.3.5a. Name of Transmitter serving Host Facility:*

4.3.5b. Connection Voltage Level of Host Facility in kilovolt (kV):* e.g. 115 kV

4.3.5c. Is Host Facility point of connection at a circuit or at Transformer Station or Switching Station?*

- ○ Circuit
- ○ Transformer Station or Distribution Station

If circuit:

4.3.5ca. Name of circuit connecting Host Facility: e.g. M29C

4.3.5cb. Host Facility connection point location (Tower Number): e.g. X1530

4.3.5cc. GPS coordinates of the connection point location of Host Facility (longitude, latitude - Degree Decimal Format):* e.g. 49.392, -75.570

4.3.5cd. GPS coordinates of location of Project (longitude, latitude - Degree Decimal Format):* e.g. 49.392, -75.570

If Transformer Station or Distribution Station:

4.3.5ci. Name of Transformer Station or Switching Station:*

4.3.5cii. GPS coordinates of location of Project (longitude, latitude - Degree Decimal Format):* e.g. 49.392, -75.570

4.3.5d. Provide the Host Facility Market Participant Number:

Section 4 - Declarations

Required fields are marked *

- ☐ I acknowledge the important role that effective consultation with Aboriginal communities plays in the successful planning, development and operation of generating facilities and I am prepared to undertake an appropriate role in such consultations and address the interests or concerns of such communities in good faith and in compliance with laws and regulations.

- ☐ I acknowledge that I have read and understand the terms of confidentiality as prescribed in Section 11 of the FIT Rules.

- ☐ By checking this box and submitting this Application, I hereby declare that the information contained in this document and submitted by me is to the best of my knowledge, complete and accurate.