

Telephone Number:

Application to participate and seek funding

The Terms of Reference for the Red Hill Valley Parkway Inquiry (RHVPI) are found here

All applications, including supporting materials, must be filed by text searchable and bookmarked .PDF files sent to elawrence@rhvpi.ca on or before November 29, 2019, at noon, or on any other date with leave of the Commissioner. An applicant may use this template or provide written submissions that address the topics set out below.

THE APPLICANT: 1.1 ndividual * Name: **Email Address:** Mailing Address: Telephone Number: Corporation or Organization * II. Name: Contact Person [name and position] **Email Address:** Mailing Address: Telephone Number: * IF REPRESENTED BY COUNSEL: Name: Firm: **Email Address:** Mailing Address:



STANDING TO PARTICIPATE:

1. What is the nature of your interest in the subject matter of the RHVPI?
In particular, please indicate a) whether you have a substantial and direct interest in the subject matter of the RHVPI; b) if you believe your involvement could result in you receiving a notice of alleged misconduct; c) your participation would further the conduct of the RHVPI; and/or d) your participation would contribute to the openness and fairness of the RHVPI.
2. Why do you wish to participate in the Inquiry?
3. How do you propose to contribute to the Inquiry? In giving your answer, please refer to the <u>Terms of Reference</u>



TYPES OF PARTICIPATION SOUGHT:

The Commissioner may permit an applicant to participate in some or all parts of the RHVPI.
4. If allowed to participate in the Public Hearings, how do you wish to participate? Check all that apply

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\square a) receive access to a database of relevant documents;
\square b) to comment on background materials or written evidence prepared by Commission Counsel;
\square c) to propose individuals to be interviewed or to appear as witnesses at the RHVPI public hearing;
☐ d) to examine witnesses at the RHVPI's public hearing;
\square e) to make oral or written submissions to the Commissioner; and/or
□ f) other:
5. The Commissioner will avoid duplication and encourage efficiency. Please indicate if you have a common interest with any other individual or company that may also be seeking to participate. If so, specify their name and indicate your position on whether the Commissioner should grant joint participation status to those with whom you have a common interest.



FUNDING:

Where the Commissioner concludes that a Participant would not be able to participate in the RHVPI without receiving funding, the Commissioner may recommend to the City of Hamilton that it provide the Participant with funding to the extent of that Participant's interest. The Commissioner does not have authority to direct the City to provide funding.

6. Will you be asking the Commissioner to recommend that you receive funding for legal counsel from the City of Hamilton in order to be able to participate in the RHVPI?
□ a) Yes□ b) No
If you answered yes, complete the questions 7 to 9. If you answered no, proceed to question 10.
7. Why do you require funding from the City of Hamilton to participate in the RHVPI?
8. Is there any documentation or other evidence that the Commissioner should consider in support of your application for funding?
a) Yes
□ b) No
9. If you answered yes to question 8, please list the documentation or other evidence you would like the Commissioner to consider below and attach copies of all supporting materials to your application.



CONFIDENTIATITY:

All materials filed in support of an application to participate, and all updates regarding the applications, will be posted on the Inquiry's website at www.rhvpi.ca, subject to any confidentiality order made by the Commissioner.

0. Do you request that any portion of your application, including supporting materials, be kept confidential?
□ a) Yes □ b) No
11. If you answered yes to question 10, please specify which portions of your application should be kept confidential and why.
ORAL HEARINGS:
The Commissioner will review your applications and determine whether or not he will permit oral submissions to be made in support of the applications.
12. Do you wish to make oral submissions in support of your application?
□ a) Yes □ b) No
Signature Date (month/day/year)