

INTERVENER APPLICATION FORM

Application re Hearing:			
Manitoba Hydro Status Update Hearing Ordered in PUB Order 89/21			
Name of Prospective Intervener (Organization Name or Individual):			
Consumers' Association of Canada (Manitoba)/Harvest Manitoba/Aboriginal Council of Winnipeg			
Prospective Intervener Contact Information			
Organization or Individual Address:			
c/o Public Interest Law Centre of Legal Aid Manitoba, 100-287 Broadway, Winnipeg MB R3C 0R9			
Organization Contact Person(s) (if applicable):			
Gloria Desorcy/Meaghan Erbus/Damon Johnston			
Contact Information:	Business:		Other Phone:
	(204)998-3707/(204)982-3589/(204)989-6380		
	Fax Number:		Email:
			cacmb@mts.net/merbus@harvestmanitoba.ca/djohnston@abcentre.org
Representative Contact Information:			
Counsel or Representative Name(s):			
Byron Williams / Katrine Dilay / Chris Klassen			
Organization (if different from above) :			
Public Interest Law Centre of Legal Aid Manitoba			
Address (if different from above):			
100-287 Broadway, Winnipeg MB R3C 0R9			
Contact Information (if different from above):	Business:		Other Phone:
	(204)985-8533/(204)985-5220		
	Fax Number:		Email:
	(204)985-8544		bywil@legalaid.mb.ca/kadii@legalaid.mb.ca/chkla@legalaid.mb.ca
Counsel Seniority:			
Years of Experience	28/5/1 ____ Years	Tariff Rate	\$ 306/153/107 _____
Also representing (if applicable):			

Additional Information
(For organizations only) Please describe the mandate of your organization and provide a description of the membership, including the number of members. Please also confirm whether the organization's intervention in this proceeding is supported by a resolution of the governing body, if any. Please enclose the resolution, if any, with your Application, along with supporting documentation of your mandate and membership
See Attachment A
Please state your reasons for intervening in this proceeding:
See Attachment A
Please state how you are directly affected by the Board's decision in this matter:
See Attachment A
Please explain whether and how you represent a substantial number of ratepayers that are otherwise not represented on issues that are within the scope of this proceeding:
See Attachment A
Please describe your experience, information, or expertise relevant to this matter that would contribute to the Board's decision making, including any other prior interventions in regulatory matters before this Board or other decision-makers:
See Attachment A

Please list the key issues you intend to address in the proceeding. Please be specific.		
See Attachment A		
Do you intend to participate fully and actively, including attendance at hearings, submission of evidence, and testing of evidence and cross examination of witnesses? If yes, please describe your intended participation.		
See Attachment A		
Do you intend to request an award of costs for your participation? Please explain how you meet the criteria for an award of costs.		
See Attachment A		
Do you intend to retain experts or consultants? If yes, please attach copies of the <i>curriculum vitae</i> for any expert and/or consultant, as well as the following:		
Expert Consultant #1:		
Name:	Experience	Evidence to be provided on issues in scope:
See Attachment B	_____ Years	
Telephone #:	Tariff Rate:	
	\$ _____	
Address and Email:	Firm or Organization:	Brief explanation of experience relevant to evidence to be provided:

Expert Consultant #2:		
Name:	Experience:	Evidence to be provided on issues in scope:
	_____ Years	
Telephone #:	Tariff Rate:	
	\$ _____	
Address and Email:	Firm or organization:	Brief explanation of experience relevant to evidence to be provided:
Expert Consultant #3:		
Name:	Years of Experience:	Evidence to be provided on issues in scope:
	_____ Years	
Telephone #:	Tariff Rate:	
	\$ _____	
Address and Email:	Firm or organization:	Brief explanation of experience relevant to evidence to be provided:

Do you intend to provide evidence from witnesses other than experts and/or consultants? If yes, please provide:	
Witness #1:	
Name:	Evidence to be provided on issues in scope:
Email:	Brief explanation of relevant experience and/or knowledge to issues in scope:
Address and Phone number:	
Do you intent to seek approval for any other form of participation or provision of evidence, including for which you intend to seek an award of costs? If yes, please provide details and an explanation of the relation to issues in scope in the proceeding.	