



## Instructions: Municipal Council Blanket Support Resolution

Section 5.1(g)(i) of the FIT Rules, Version 5.0

Page i of i	Jun 2016	IESOMRD/f-FIT-011r1
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Capitalized terms not defined herein have the meanings ascribed to them in the FIT Rules, Version 5.0.

### INSTRUCTIONS APPLICABLE TO ALL RESOLUTIONS

1. The instruction page is not required to be submitted with the hard copy Application materials.
2. Where the resolution has multiple pages, the resolution should be stapled.
3. The first page of the resolution must be marked, by the Applicant, with the FIT Reference Number associated with the Application.
4. Information provided in the resolution must be consistent with the information provided in the electronic Application Form in order for the Application to be awarded Priority Points.
5. Apart from the completion of any blanks in the template resolution, no amendments, other than those outlined in instruction 6 below, may be made to the wording of this form.
6. Words in between square brackets (i.e. “[” and “]”) are immaterial to the intent of the template resolution and may be modified to follow standard procedure of the issuing body. Wording not contained within square brackets must not be changed in order for the Application to be awarded Priority Points.
7. The entirety of the resolution (all blanks) must be completed and it must be signed by an appropriate individual(s) in order for the Application to be awarded Priority Points.

### INSTRUCTIONS SPECIFIC TO THIS RESOLUTION

8. Councils of Local Municipalities have the option of drafting the Template: Municipal Council Blanket Support Resolution on the Council or equivalent governing body letterhead. The language of the Template: Municipal Council Blanket Support Resolution must be the same as shown in the template in order for the Applicant to obtain Priority Points. Priority Points will not be awarded if the blanket support resolution includes additional conditions or delegation of authority to staff for additional approvals.
9. The Prescribed Form: Municipal Council Resolution Confirmation is not required to be used for a Template: Municipal Council Blanket Support Resolution.
10. If applicable, a FIT 4.0.1 Municipal Council Blanket Support Resolution previously issued by the Municipality in support of Projects in the Municipality may be submitted, providing the one year effective period has not expired at the time the electronic Application Form has been submitted.
11. Where no resolution number exists, insert "N/A" into the appropriate field.

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**Template: Municipal Council Blanket Support Resolution**

**Section 5.1(g)(i) of the FIT Rules, Version 5.0**

Page 1 of 1	Jun 2016	IESOMRD/f-FIT-011r1
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Resolution Number: \_\_\_\_\_

FIT Reference Number: \_\_\_\_\_

Date Resolution was passed: \_\_\_\_\_

*(The FIT Reference Number must be inserted by the Applicant in order for the resolution to comply with the FIT Rules, even where Local Municipality letterhead is used. This is not to be inserted by The Local Municipality.)*

**[WHEREAS]** capitalized terms not defined herein have the meanings ascribed to them in the FIT Rules, Version 5.0.

**[AND WHEREAS]** the Province's FIT Program encourages the construction and operation of Roof Top Solar PV generation projects (the "Projects");

**[AND WHEREAS]** one or more Projects may be constructed and operated in City of Hamilton;

**[AND WHEREAS]**, pursuant to the FIT Rules, Version 5.0, Applications whose Projects receive the formal support of Local Municipalities will be awarded Priority Points, which may result in the Applicant being offered a FIT Contract prior to other Persons applying for FIT Contracts;

**[NOW THEREFORE BE IT RESOLVED THAT]:**

Council of the City of Hamilton supports the construction and operation of the Projects anywhere in City of Hamilton.

This resolution's sole purpose is to enable the participants in the FIT Program to receive Priority Points under the FIT Program and may not be used for the purpose of any other form of municipal approval in relation to the Application or Projects, or for any other purpose.

This resolution shall expire twelve (12) months after its adoption by Council.

Signed:

Signed:

Title:

Title:

Date:

Date:

*(Signature lines for elected representatives. At least one signature is required.)*