This page sets out the instructions for completing the Prescribed Form: Social and Economic Benefits.

All capitalized terms used in these instructions and the Prescribed Form: Social and Economic Benefits, unless otherwise stated, have the meanings ascribed to them in the RFP.

INSTRUCTIONS APPLICABLE TO THIS PRESCRIBED FORM: SOCIAL AND ECONOMIC BENEFITS

a. This instruction page is not required to be submitted as part of the completed Prescribed Form: Social and Economic Benefits.
b. The Prescribed Form: Social and Economic Benefits is required to be submitted electronically via the File Transfer Site prior to the Proposal Submission Deadline in accordance with Section 3.9 of the RFP.
c. Pages of the Prescribed Form: Social and Economic Benefits should be kept together in sequential order.
d. Apart from the completion of any blanks, drop down lists, check boxes or similar uncompleted information in the Prescribed Form: Social and Economic Benefits, no amendments may be made to the wording of the Prescribed Form: Social and Economic Benefits.
e. The Prescribed Form: Social and Economic Benefits should be completed in its entirety. Fields marked <if applicable> should be completed if applicable to the Proposal. If not applicable, they should be marked "N/A".
f. The Prescribed Form: Social and Economic Benefits must be signed by a person with authority to bind the Proponent. The Prescribed Form: Social and Economic Benefits may be printed, signed and scanned, or may be signed digitally through Adobe (Digital ID, or Fill and Sign), Apple Preview or DocuSign.
g. With the exception of this instruction page, instructions within the Prescribed Form: Social and Economic Benefits will be enclosed in brackets < >.

Section 1 – Proponent and Proposal Information

Unique Project ID:	
Legal name of the Proponent:	
Name of Renewable Low-Impact Electricity Project:	

Section 2 – Ownership (optional)

To be eligible for ownership points as set out in Section 4.3g)(i) of the RFP, the Proponent must provide the information requested below.

<enter information / check boxes as applicable>

a.	Percentage of Mi'kmaq of Nova Scotia Ownership Interest: *<input percentage to one decimal place>*		0.0%
b.	Name(s) of the Mi'kmaq of Nova Scotia community(ies) holding the Mi'kmaq of Nova Scotia Ownership Interest in the Proponent: *<input name(s) of the Mi'kmaq of Nova Scotia community(ies) and any Mi'kmaq of Nova Scotia Holding Vehicle(s)>*		
c.	The Proponent has submitted: *<check each to confirm if applicable>*	☐	An organizational chart of the Proponent, together with evidence of applicable securities holdings reflecting the Mi'kmaq of Nova Scotia Ownership Interest held by the Mi'kmaq of Nova Scotia community(ies) or Mi'kmaq of Nova Scotia Holding Vehicle(s) via copies of the securities register(s) of the applicable Person(s) (including those of any Mi'kmaq of Nova Scotia Holding Vehicle or any other intermediary entities between a Mi'kmaq of Nova Scotia community and the Proponent), attached as Exhibit A to this Prescribed Form.
		☐	A statutory declaration of an officer of the Proponent, in the form set out in Exhibit B-1 to this Prescribed Form, attached as Exhibit B-2.

Section 3 – Social Programs (optional)

To be eligible for social program points related to Capacity Building and Benefits Agreements as set out in Section 4.3g)(ii) of the RFP, the Proponent must provide the information requested below.

a.	The Proponent has submitted: *<check all that apply>*	☐	A Capacity Building plan that directly benefits communities in close proximity to the proposed Site attached in Exhibit C to this Prescribed Form.
		☐	Evidence of a Benefits Agreement or a clearly defined, mature plan to enter into a Benefits Agreement that directly benefits communities in close proximity to the proposed Site attached in Exhibit D to this Prescribed Form.
		☐	A Capacity Building plan, attached in Exhibit C to this Prescribed Form, which is for the benefit of all Nova Scotians AND evidence of a Benefits Agreement or a clearly defined, mature plan to enter into a Benefits Agreement attached in Exhibit D to this Prescribed Form which is for the benefit of all Nova Scotians.

Section 4 – Local Benefits (optional)

To be eligible for local benefits points as set out in Section 4.3g)(iii) of the RFP, the Proponent must provide the information requested below.

a.	The Proponent has submitted: *<check if applicable>*	☐	A completed Local Expenditure Table, using the instructions set out in Exhibit E-1, attached in Exhibit E-2 to this Prescribed Form.

I hereby confirm that I am an individual with the authority to bind the Proponent and that, if applicable, by signing this form using electronic signature, I agree to the content, terms and conditions set out in the document on behalf of the Proponent.

Proponent Name:	
Per:	
Print Name:	
Print Title:	
(I have authority to bind the Proponent)	
Date Signed :	

EXHIBIT A

ORGANIZATIONAL CHART AND SECURITIES REGISTERS (OPTIONAL)

<*Note: Attach organizational chart and securities registers.*>

EXHIBIT B-1

FORM OF STATUTORY DECLARATION REGARDING OWNERSHIP (OPTIONAL)

STATUTORY DECLARATION IN THE MATTER OF the Proposal for <*insert name of Proponent*> _____ (the "Proponent"), under Nova Scotia's Green Choice Program Procurement – Request for Proposals II.

Capitalized terms not defined herein have the meanings ascribed to them in the RFP.

I, <*insert name of declarant*> _____, of the <*insert City/Town/Region etc.*> _____ of <*insert name of City/Town/Region etc.*> _____, in <*insert name of Province or State*> _____ DO SOLEMNLY DECLARE, on behalf of the Proponent, without personal liability, the following information:

a. I am the / an <*insert office held, e.g. president, director, etc.*> _____ of the Proponent and have knowledge of the matters herein described.
b. The organizational chart(s) and corresponding securities register(s) appended as Exhibit A to the Prescribed Form: Social and Economic Benefits are accurate and complete in all material respects.

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

<table>
<tr><td>Name of Declarant</td><td>Declared before me at the <insert City, Town, Region, etc.> _____ of <insert name of City, Town, Region, etc.>
_____ in the
<Province/State> _____ of <insert name of Province or State>
_____ this ____ day
of _____, 20____.</td></tr>
<tr><td rowspan="2">Signature of Declarant</td><td>Name of Commissioner of Oaths, etc.</td></tr>
<tr><td>Signature of Commissioner of Oaths, etc.</td></tr>
<tr><td colspan="2"><Statutory declarations must be solemnly declared and signed before commissioners of oaths or similar officials (e.g. notary public).></td></tr>
</table>

EXHIBIT B-2

STATUTORY DECLARATION REGARDING OWNERSHIP (OPTIONAL)

<Note: Attach completed statutory declaration in the form of Exhibit B-1 to this Prescribed Form: Social and Economic Benefits, if applicable>

EXHIBIT C

CAPACITY BUILDING PLAN (OPTIONAL)

<Note: The Capacity Building plan must include:

- *a detailed description of the Capacity Building activities and the beneficiaries;*
- *details on the timing, cost, and execution of the Capacity Building Plan; and*
- *a description of how the Capacity Building will directly benefit communities in close proximity to the proposed Site, all Nova Scotians, or both.>*

EXHIBIT D

EVIDENCE OF BENEFITS AGREEMENT OR BENEFITS AGREEMENT PLAN (OPTIONAL)

<Note: Evidence of Benefits Agreement or Benefits Agreement plan must include:

- *satisfactory evidence that a Benefits Agreement exists with an identifiable counterparty OR proof of a clearly defined, mature plan for the Proponent to enter into a Benefits Agreement (such as a joint letter with the impacted community); and*
- *a description of how the Benefits Agreement (or planned Benefits Agreement) will directly benefit communities in close proximity to the proposed Site, all Nova Scotians, or both.>*

EXHIBIT E-1

LOCAL EXPENDITURE TABLE INSTRUCTIONS

<The estimated costs entered into the Local Expenditure Table must relate to activities required to bring the Project into commercial operation and must be incurred after February 26, 2020.

To be considered a local expenditure, the following requirements must be satisfied:

- *for estimated local wages and salaries, such wages and salaries must be paid to Persons or organizations that are required to file income taxes with the Province of Nova Scotia in accordance with Laws and Regulations;*
- *for estimated local contracting and construction expenditures, the relevant contractors and workers must be required to file income taxes with the Province of Nova Scotia in accordance with Laws and Regulations;*
- *for goods to qualify as being manufactured in Nova Scotia, such goods must be substantially produced in Nova Scotia or there must be substantial value-added to them in Nova Scotia (which, for greater certainty, excludes basic assembly manufacturing); and*
- *for estimated local wholesale and retail purchases, such purchases must be from a Nova Scotia business or supplier with a store, warehouse, or office located in Nova Scotia.*

Expenditures that fail to meet the above requirements will be considered non-local expenditures.>

EXHIBIT E-2

LOCAL EXPENDITURE TABLE (OPTIONAL)

<Note: Complete the Local Expenditure Table below using the instructions in Exhibit E-1, if applicable>

Project Cost Category	**Weight** **(A)**	**Estimated Local Expenditure* ($000 CAD)** **(B)**	**Weighted Estimated Local Expenditure ($000 CAD)** **(C = A x B)**	**Estimated Total Expenditure* ($000 CAD)** **(D)**
Proponent direct wages and salaries during construction	100%		$ 0	
other Project costs (e.g. contractor services, consultants, advisors, equipment rentals)	100%		$ 0	
direct purchases from manufacturers	100%		$ 0	
direct purchases from wholesale / retail	30%		$ 0	
	TOTALS	$ 0	$ 0	$ 0

<*values should be entered in thousands of Canadian dollars>

Local Benefits ($000 CAD) *<Local Benefits is equal to the sum of the values in column B of the Local Expenditure Table>*	$ 0
Local Benefits Percentage (%) *< Local Benefits Percentage is equal to the sum of the values in column C of the Local Expenditure Table divided by the sum of the values in column D of the Local Expenditure Table.>*	0%