

## Freight Transportation Fuel Efficiency Program (FTFEP) Outcomes Reporting Form

- An Outcomes Reporting Form must be submitted **quarterly (every three months)** to the Department of Municipal Affairs and Environment (MAE) for **one (1) year** following installation of fuel saving device(s) under the Freight Transportation Fuel Efficiency Program (FTFEP).
- For reporting purposes, the quarterly reports are due within 10 calendar days following the end of every third month after the device(s) are installed. For example, assuming a fuel saving device(s) was installed on March 15, 2019, a Recipient would have to submit Outcomes Reporting Forms as follows:

	Report 1	Report 2	Report 3	Report 4
<b>Installation date</b>	March 8, 2019	N/A	N/A	N/A
<b>Reporting period</b>	March 15 – June 30	July 1 – October 31	November 1 – January 31	Feb 1 – April 30
<b>Due Date (10 calendar days after reporting period ends)</b>	July 10, 2019	Nov 10, 2019	Feb 10, 2020	May 10, 2020
<b>Payment</b>	15%	0%	0%	0%

- To receive the remaining **fifteen (15)** per cent of the rebate to which the Recipient is entitled, Recipients are required to submit their initial Outcomes Reporting Form to MAE covering a **three (3) month** period following installation of the fuel saving device(s), which must be deemed satisfactory by MAE.
- Signed, completed Outcomes Reporting Forms must be submitted:

**By Email:** [climatechange@gov.nl.ca](mailto:climatechange@gov.nl.ca)

**Or**

**By Mail:** Department of Municipal Affairs and Environment  
Climate Change Branch  
West Block, Confederation Building  
P.O. Box 8700  
St. John's, NL A1B 4J6

- If the information provided is not sufficient, additional information may be requested by MAE.

To be completed internally by MAE	
Application ID:	
Date form received by MAE (dd/mm/yy):	

1. Recipient Information			
Purchase order # (provided by MAE in Approved Application Letter):			
Legal name of applicant:			
Company name (if different):			
Key Contact:		Fax Number:	
Key Contact Title:		Email:	
Business Phone:		CRA Business Number:	
Mailing Address:			

## 2. Post Retrofit Vehicle Information\*

	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Identification Number:			
Vehicle Make:			
Vehicle Model:			
Vehicle Model Year:			
Gross Vehicle Weight Rating (GVWR):			
Vehicle License Plate:			
Estimated kilometers driven in reporting period after device(s) were installed			
Estimated kilometers driven in NL: in reporting period after device(s) were installed			
Estimated fuel consumption (litres) in reporting period after device(s) were installed:			
Estimated hours driving in reporting period after device(s) were installed:			
Estimated hours idling in reporting period after device(s) were installed:			
Note any changes in truck configuration/operational profile:			

\* Copy this table if retrofitting more than three (3) vehicles.

### 3. Post Retrofit Trailer Information\*

	Trailer 1	Trailer 2	Trailer 3
Trailer Serial Number:			
Trailer Make:			
Trailer Model:			
Trailer Model Year:			
Trailer License Plate:			
Estimated travel distance in reporting period after device(s) were installed:			
Estimated travel distance in NL in reporting period after device(s) were installed:			
Note any changes in trailer configuration/operational profile:			

\* Copy this table if retrofitting more than three (3) trailers.

## 4.0 Privacy Notice

Your personal information is being collected in accordance with section 61(c) of the *Access to Information and Protection of Privacy Act, 2015* (ATIPPA, 2015) and will be used to process your claim and for program operational purposes. It will not be used for any other purposes unless authorized under ATIPPA, 2015. Under ATIPPA, 2015 personal information is protected under section 64 (1) and you have the right to access your personal information held by the department, and to request the correction of your personal information if there has been an error or omission.

Any questions or comments can be directed to the Access and Privacy Coordinator, Department of Municipal Affairs and Environment, by phone at: (709) 729-7183.

I confirm that information given in this form is to the best of my knowledge and ability, complete, true and correct. I acknowledge that failure to not disclose relevant information may result in cancellation of this claim (i.e. remaining rebate payment).

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Signature

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Date (dd/mm/yy)

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Name (please print)

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Title