

# STEWARD INITIATED QUALIFIYING EVENT: DISCONTINUANCE REQUEST FORM

#### **KEY FEATURES:**

- For invoice years 2023, 2024 and 2025 the calculation of fees for steward invoices will be governed by a Simplified Fee Setting Model.
- Please review the current Policy for Simplified Fee Setting prior to completing and submitting the forms.

Please complete Step 1 of this form to provide details regarding your request for a modified percent share allocation under simplified fees for a future invoice period due to a **Discontinuance of a Product Line**.

Prior to submitting your request please review the <u>Policy for Simplified Fee Setting</u> and be aware of the relevant deadlines<sup>1</sup>. Requests have a non-refundable administrative fee per the Policy<sup>2</sup>. The Policy also requires that a steward's reporting and payments are up to date.

Please contact us with any questions: Werecycle@stewardshipontario.ca .

Your request is initiated by completing Step 1 of the form and sending it to <a href="werecycle@stewardshipontario.ca">werecycle@stewardshipontario.ca</a> with the subject line "Request for Modified Allocation due to a Discontinuance of a Product Line." Please include the following in the body of your email:

- steward number and name
- any substantiation documents that will help the adjudication process.

#### Step 1 - Notification

To be completed by the steward. Once signed please submit to werecycle@stewardshipontario.ca

<sup>&</sup>lt;sup>1</sup>Time Limits & Documentation Requirements: In order for a qualifying event to be considered, a complete request package (i.e., a completed and comprehensible qualifying event request form accompanied by sufficient documentation to support the requested changes) must be received by NSS – Stewardship Ontario prior to the deadline of July 31<sup>st</sup> of a calendar year to be considered for the invoice issued in relations to the subsequent year.

<sup>&</sup>lt;sup>2</sup> A **\$500.00** administrative fee will be invoiced by Stewardship Ontario upon the submission of this request form.



Company and Contact Information			
Company Name:			
Steward Number:			
Contact Name:			
Title:			
Phone Number:			
Email Address:			
Date of Request:			

### 1. Please complete the table below.

Discontinuance after filing 2021 Report, discontinued one or more SKUs	Comments
(a) Describe the Discontinuance in sufficient detail for the Program to validate.	
(b) Identify the date on which the Discontinuance took effect.	
(c) Please identify the impacted Stewardship Ontario Years and invoices	
(d) Identify the date on which no further residual stock of the discontinued brand will be supplied to Ontario consumers.	
(e) The Steward's rationale (with supporting data) for its claim that the Discontinuation meets with qualifying financial terms (reduction in Stewardship Fees of at least 5 percent or \$1,000 whichever is greater).	



By submitting this request form, you acknow charged, and an invoice will be issued to you	owledge that a \$500 administrative fee will be ou by Stewardship Ontario.	
qualifying event request may be subject to	of the information provided and accept that the oreview before it is processed. Further, I accept m, any attachments to it, and information provided	
Steward Company Name:		
•	on behalf of Stewardship Ontario review the e and provide a preliminary assessment for the	
I have not sold/divested the discontinued	brand to another entity	
In addition, I accept that the steward will be invoiced by Stewardship Ontario \$500 as per the Policy for Simplified Fee Setting During The Blue Box Wind Up. Should the qualifying event be approved I understand that my percent share calculation under the simplified fee model will change. This calculation will be provided to me by Stewardship Ontario.		
I certify that by signing this document, I amprovide the aforementioned information	m declaring that the undersigned is authorized to and make this undertaking.	
Signature of Authorized Party	Date	
Name and Title of Authorized Party in Print		



## **Step 2 - Preliminary Assessment by the Program** *To be completed by Stewardship Ontario and returned to steward.*

Assessment: If the steward provisionally qualified, they may proceed to Step 3.

Signature of Authorized Party

Date

Name and Title of Authorized Party in Print



## **Step 3 - Steward Report Completion**

To be completed by the steward who has been granted a preliminary approval by Stewardship Ontario.

2.	Once a steward provisionally qualified, they will attach a report providing the details of the discontinuance including a list of discontinued brands, as well as their associated weights and material categories supplied in Ontario. This will ensure the Paper and Packaging is properly accounted for. If the space below is not sufficient, please email a separate document to <a href="weeeycle@stewardshipontario.ca">werecycle@stewardshipontario.ca</a>		
3.	Please complete each spreadsheet (click or section of the page) as it relates to your ad white cells, and only the materials that are	justment request. You need only complete the	
	ogram: ewardship Ontario BB	Adjustment Worksheet Templates	
[	qualifying event request may be subject to	of the information provided and accept that the preview before it is processed. Further, I accept any attachments to it, and information provided	
	Steward Company Name:		
	•	n behalf of Stewardship Ontario review the and provide a preliminary assessment for the	
	In addition, I accept that my percent share	e calculation under the simplified fee model will	



change. This calculation will be provided to me by Stewardship Ontario.				
I certify that by signing this document, we are declaring that the undersigned is authorized to provide the aforementioned information and make this undertaking.				
Signature of Authorized Party	Date			
Name and Title of Authorized Party in Print	<del>_</del>			
Step 4 – Recalculation of Divesting Ste recalculation of the Discontinued Prod				
To be completed by Stewardship Ontario.				
The calculations below will constitute new percent share allocation for applicable invoice years.				
Signature of Authorized Party	Date			
Name and Title of Authorized Party in Print	_			