

**POWER COST EQUALIZATION PROGRAM  
COMMUNITY FACILITY CERTIFICATION AND ELIGIBILITY  
DETERMINATION REQUEST**



*(Please complete a separate form for each facility)*

**Applicant Information**

<b>Applicant (Entity Name)</b>			
<b>Applicant Mailing Address</b>			
<b>Community</b>			
<b>Utility Providing Power</b>			
<b>Utility Account Name</b>			
<b>Utility Account No.</b>		<b>Account Balance</b>	

**Facility Information**

<b>Type of Facility</b>	<input type="checkbox"/> Water and Sewer Facility	<input type="checkbox"/> Charitable Educational Facility
	<input type="checkbox"/> Public Outdoor Lighting	<input type="checkbox"/> Community Building

List all functions and/or services of this facility:

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<b>Is any portion of this facility used for commercial, for-profit purposes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, what portion or %?</b>	
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<b>If yes, is the commercial, for-profit portion separately metered?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<i>Source of Funds</i>	<i>Percentage</i>	<i>Description</i>
<b>Identify the Funding Sources used to pay the Operating Expenses of the Community Facility</b>	<input type="checkbox"/> State of Alaska	_____ %	_____
	<input type="checkbox"/> Federal Government	_____ %	_____
	<input type="checkbox"/> Private Commercial Interests	_____ %	_____
	<input type="checkbox"/> Local Government or Local Community Funds	_____ %	_____
	<input type="checkbox"/> User Fees	_____ %	_____
	<input type="checkbox"/> Other	_____ %	_____

**If the State of Alaska or the Federal Government is identified as a funding source for operation expenses of this facility, please answer questions a and b below:**

a. Does the state or federal government direct the facility, or its owner or operator to spend the state or federal government funds on the operating costs of the community facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Will receipt of the power cost equalization payment reduce the amount of state or federal government funding provided to the facility or to its owner or operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Certification of Truth, Accuracy, and Completeness *(To be signed by the Responsible Official designated for the facility)***

I certify the information provided herein is true, accurate, and complete.

<b>Name</b>		<b>Date</b>	
<b>Title</b>		<b>Phone</b>	
<b>Email</b>		<b>Fax</b>	

**Completed forms should be submitted to the Alaska Energy Authority, 813 West Northern Lights Blvd, Anchorage, Alaska 99503  
or emailed to [pce@aidea.org](mailto:pce@aidea.org)**