

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



(Please complete a separate form for each facility)

Applicant Information

Applicant (Entity Name)			
Applicant Mailing Address			
Community			
Utility Providing Power			
Utility Account Name			
Utility Account No.		Account Balance	

Facility Information

Type of Facility	☐ Water and Sewer Facility ☐ Public Outdoor Lighting	☐ Charitable Educational Facility ☐ Community Building
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List all functions and/or services of this Facility:

Is any portion of this facility used for commercial, for-profit purposes or State/Federal business such as United States post offices and public schools?	☐ Yes ☐ No	If yes, what portion or %?	
If yes, is the commercial, for-profit portion separately metered?			☐ Yes ☐ No

Identify the Funding Sources used to pay the Operating Expenses of the Community Facility	Source of Funds	Percentage	Description
	☐ State of Alaska		
	☐ Federal Government		
	☐ Private Commercial		
	☐ Local Government or Local Community Funds		
	☐ User Fees		
	☐ 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?	☐ Yes ☐ 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?	☐ Yes ☐ 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.

Name			
Signature		Date	
Title		Phone	
Email		Fax	

Completed forms and a copy of the **most recent billing invoice** should be emailed to the Alaska Energy Authority at pce@akenergyauthority.org