

**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	<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:

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

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