Alaska Energy Authority

Grant Authorized Signers Form

Community _____

Grantee Name _____

Highest Ranking Entity Offical

Printed Name	Title	Signature	Date

I authorize the following individuals to sign Grant Documents

Printed Name	Title	Signature	Date

Regular Election is held:	**The month of:**	**every**	**year(s)**

Grantee Contact Information

Mailing Address	
Phone Number	
Email Address	
Federal Tax ID #	
Unique Entity ID # (SAMs)	

Please submit an updated form when there is a change to the above information

Return Completed Form to: grants@akenergyauthority.org