

Grant Documents Authorized Signers

Community/Grantee Name:

I authorize the below person(s) to sign Grant Documents:

(Highest ranking organization/community/municipal official)

Printed Name	Title	Signature

Authorized Grant Signer(s):

Name	Title	Signature

Grantee Contact Information:

Mailing Address:	
Phone Number:	
E-mail Address:	
Federal Tax ID #:	
Unique Entity ID# (SAM)	

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

Please return the original completed form to:
Alaska Energy Authority
813 W. Northern Lights Blvd.
Anchorage, AK 99503
Attn: Grant Department grants@akenergyauthority.org



ALASKA ENERGY AUTHORITY

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