

Alaska Energy Authority

Grant Authorized Signer Form

Community _____

Grantee Name _____

Highest Ranking Entity Official

Printed Name	Title	Signature	Date

I authorize the following individuals to sign Grant Documents

Printed Name	Title	Signature	Date

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 Original Completed Form to:

Alaska Energy Authority
813 W Northern Lights Blvd.
Anchorage, AK 99503
Attn: Grants Department
grants@akenergyauthority.org