# **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



Revised February 2022