

**POWER COST EQUALIZATION 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:

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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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	<i>Source of Funds</i>	<i>Percentage</i>	<i>Description</i>
Identify the Funding Sources used to pay the Operating Expenses of the Community Facility	<input type="checkbox"/> State of Alaska	_____ %	_____
	<input type="checkbox"/> Federal Government	_____ %	_____
	<input type="checkbox"/> Private Commercial Interests	_____ %	_____
	<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		Date	
Title		Phone	
Email		Fax	

**Completed forms should be submitted to the Alaska Energy Authority, 813 West Northern Lights Blvd, Anchorage, Alaska 99503
or emailed to pce@aidea.org**