

Authorization to Request EECBG Funds And Contact Information

Please complete the following two pages and submit to the Nebraska Energy Office. The certification and contact information will be used to ensure only those authorized are able to request EECBG award funds and for distributing EECBG instructions and announcements. Please also complete and submit new form whenever another person takes office or there is a change in daily contact, grant administrator or engineer/architect/technical advisor.

EECBG Award Number: 09/10- E _____

Name of Local Government/Recipient: _____
City/Village/County

Mailing Address: _____ Phone Number: _____

Zip Code

This is to certify that _____ and _____
(TYPED NAME [Mayor/Board Chairperson]) (TYPED NAME [Clerk/Executive Director])

are authorized to request Energy Efficiency and Conservation Block Grant (EECBG) funds on behalf of the City/Village/County of _____ (Recipient) for EECBG Award No. 94/10-E _____ and that the signatures appearing below are the true signatures of the aforementioned individuals.

SIGNATURES OF AUTHORIZED OFFICIALS:
 Please complete this form, print it, and obtain original signatures before mailing to the Nebraska Energy Office.

 Signature (must be an **original** signature)

 Signature (must be an **original** signature)

 Typed Name

 Typed Name

 Title

 Title

 Date

 Date

 Email Address

 Email Address

See next page for contact information of individuals involved on a day-to-day basis with this EECBG award.

EECBG Recipient Contact Information:

LOCAL GOVERNMENT EECBG CONTACT:

Please list the person from the local government that will serve as the day-to-day contact for the EECBG grant. A local contact person must be designated who may or may not be the Mayor/Chairperson or Clerk named on page 1.

Contact Person Name and Title: _____
Mailing Address: _____
_____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

ENGINEER / ARCHITECT / GRANT ADMINISTRATOR / TECHNICAL ADVISOR

Contact Person Name and Title: _____
Name of Organization: _____
Mailing Address: _____
_____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____
Federal Tax ID: _____

**Please send signed and completed form to: Nebraska Energy Office
Attn: EECBG Program
P.O. Box 95085
Lincoln, NE 68509-5085**