

Authorization to Request Energy Efficiency and Conservation Block Grant Funds and Contact Information

Please complete the following two pages and submit the requested information to the Nebraska Energy Office. The certification and contact information will be used to ensure only those authorized are able to request Energy Efficiency and Conservation Block Grant award funds, and that we have adequate contact information to use in distributing Energy Efficiency and Conservation Block Grant instructions and announcements.

AUTHORIZATION TO REQUEST EECBG FUNDS:

This certification is provided to the Nebraska Energy Office to designate the persons authorized to request Energy Efficiency and Conservation Block Grant funds.

EECBG Award Number: 09/10-E_____

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

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 above listed political subdivision and Energy Efficiency and Conservation Block Grant (EECBG) award recipient 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 it to the Nebraska Energy Office.

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

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

Title

Title

Date

Date

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

EECBG Recipient Contact Information:

This information is provided to the Nebraska Energy Office to be used in updating mailing lists necessary for distributing EECBG information.

EECBG Award Number: 09/10-E_____

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

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 / DEVELOPMENT CORPORATION / TECHNICAL ADVISOR (Optional)

Contact Person Name and Title: _____

Name of Organization: _____

Mailing Address: _____

_____ Zip Code _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Federal Tax ID or Social Security Number if no Tax Number: _____

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