

PLEASE DO NOT WRITE IN THIS SPACE

Nebraska Identification Number

Federal Employer I.D.

NAME AND LOCATION ADDRESS			NAME AND MAILING ADDRESS		
Name Doing Business As			Name		
Legal Name					
Street Address			Street or Other Mailing Address		
City	State	Zip Code	City	State	Zip Code

1 Check the box which applies to the applicant:

- (1) Public power district organized under Neb. Rev. Stat. §§ 70-601 through 70-681;
- (2) Rural public power district organized under Neb. Rev. Stat. §§ 70-801 through 70-809;
- (3) Electric cooperative corporation organized under the Electric Cooperative Corporation Act;
- (4) Nonprofit corporation organized for the purpose of furnishing electric service;
- (5) Joint entity organized under the Interlocal Cooperation Act; or
- (6) Municipality.

2 Who is to administer the Low-Income Home Energy Conservation grant program for your organization?

- Applicant
- A qualified person, agency, or business entity other than the applicant. Identify below:

Name of Qualified Person, Agency or Entity		Street Address
E-Mail Address		Telephone Number

3 Attach documentation from your governing body indicating commitment to this program, such as a resolution, meeting minutes, or budget document(s).

4 Person to contact regarding this application:

Name	Title
E-Mail Address	Daytime Telephone

Under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, it is correct and complete.

**sign
here**

Signature of Owner(s), Corporate Officer, or Other Authorized Person

Date

Telephone Number

Title

INSTRUCTIONS

WHO MAY FILE. Only the types of entities listed on line 1 of this application.

PURPOSE OF APPLICATION. This application allows the Department to verify entity qualifications and to begin creation of a subaccount for funds your entity will remit for low-income home energy conservation, matching state funds, and grant distribution purposes.

DIRECT DEPOSIT OF DISTRIBUTIONS. To have your future grant distributions deposited directly into your checking or savings account, it is necessary to be actively enrolled in the State Treasurer's Automated Clearing House (ACH) program. If you wish to enroll, the [State Treasurer's ACH form](#) is available at www.revenue.ne.gov.

Mail this application to: **NEBRASKA DEPARTMENT OF REVENUE, P.O. BOX 94818, LINCOLN, NE 68509-4818**

www.revenue.ne.gov, (800) 742-7474 (toll free in NE and IA), (402) 471-5729