



OKEFENOKE REMC PURPA PROCEEDING

APPLICATION FOR COMPENSATION

TO: Kimi Harris
Okefenoke REMC
PO Box 602
14384 Cleveland Street
Nahunta, Georgia 31553

In accordance with Rule 7 of Okefenoke REMC's "Rules for Conducting Proceedings Required by the Public Utility Regulatory Policies Act of 1978 (as amended by the Infrastructure Investment and Jobs Act of 2021)," I hereby submit this Application for Compensation, certifying and representing as follows:

- 1. My name is _____. I am submitting this Application for Compensation on **(circle one)**:

A. My own behalf OR

B. On behalf of _____.

If this Application for Compensation is being submitted on behalf of another, I certify that I am an authorized representative of said person, duly empowered to submit this Application for Compensation, to represent said person in connection with the PURPA proceeding to which this Application for Compensation relates, and to make decisions for such person relating to such proceeding.

- 2. The address of the person on whose behalf this Application for Compensation is being submitted, is:

- 3. The person on whose behalf this Application for Compensation is being submitted is, qualified to intervene and participate in the PURPA proceeding to which this Application for Compensation relates by virtue of being **(check one)**:

A. The United States Secretary of Energy _____

B. An affected electric utility _____

10. I understand that any award is contingent on the approval, in whole or in part, of the position advocated by me in the hearing, as well as on the Board determining, in its discretion, that I substantially contributed to such approval.

11. The amount of compensation requested is: \$_____.

12. The above amount is based on the actual or reasonably anticipated fees and costs incurred by me (or the person on whose behalf this Application for Compensation is being submitted) in preparing for and participating in Okefenoke REMC's PURPA proceeding, as shown by the following facts (**submit additional sheets if necessary**):

A. The number of hours reasonably expended or anticipated to be expended by my attorney is set forth below. I certify that "hours reasonably expended or anticipated to be expended" means only that time reasonably necessary for the preparation of and participation in the hearing, and that hours deemed to be excessive, redundant or otherwise unnecessary will not be included in any compensation awarded.

Attorney:

Hours:

B. The reasonable hourly rate of my attorney is set forth below. I certify that "reasonable hourly rate" means the prevailing market rate in the relevant legal community for similar services by lawyers of comparable skills, experience and reputation.

Attorney:

Hourly Rate:

C. The number of hours reasonably expended or anticipated to be expended by my expert witness is set forth below. I certify that "hours reasonably expended or anticipated to be expended" means only that time reasonably necessary for the preparation of and participation in the hearing, and that hours deemed to be excessive, redundant or otherwise unnecessary will not be included in any compensation awarded.

Expert Witness:

Hours:

D. The reasonable hourly rate of my expert witness is set forth below. I certify that "reasonable hourly rate" means the prevailing market rate in the relevant expert community for similar services by experts of comparable skills, experience and reputation.

Expert Witness:

Hourly Rate:

E. Other facts relevant to the amount of compensation requested (e.g., identity of attorney or expert; facts bearing on the skill, experience and reputation of my

attorney or expert witness; facts bearing on the relevant legal or expert community; etc.) (submit additional sheets if necessary):

Submitted and certified to this ____ day of _____, 202__.

Signature

VERIFICATION

Personally appeared before me, an officer duly authorized to administer oaths, _____, who states under oath that he/she is the person or authorized representative of the person submitting the foregoing Application for Compensation and that the facts and representations contained within said Application for Compensation are true and correct to the best of his or her knowledge and belief.

By: _____

Title: _____
(if applicable)

Sworn to and subscribed before me
this ____ day of _____, 202__.

Notary Public