Appendix I: ICIP Completion Certification Form

FY 2022-2026 ICIP Completion Certification

	Form This	certifies that		
	Official Entity Name		ICIP Entity Code	
-	eted and entered the information required for o, to include the following for each project (p.		-	-
	Plan (ICIP), to include the following for each project (please check mark each item completed): 1. Entity Information. ICIP Officer, Procurement Officer, Financial Officer: name, telephone, email Legislative District COG District number Address Information Entity type Compliant with Executive Order 2013-006 Asset management plan and/or inventory listing of capital assets Project Priority Process Capital Improvement Goals Factors/Trends Considered 2. Capital Project Detail. Priority Year/Rank Project Title Project Contact Information Total Project Cost Class Type/Subtype Project Location (include Latitude/Longitude) Legislative Language Scope of Work Secured/Potential Funding Budget Project Budget Project Budget Phasing Budget Operating Budget			
	19 Answer all questions as related to each sp	1 3		
Authorized	Signature	Date (xx/x)	x/xxxx)	
Printed Na	me			