

ICIP Completion Certification Form FY 2026-2030

Official Entity Name

ICIP Entity Code

This certifies that the official has completed and entered the information required for the FY 2026-2030 Infrastructure Capital Improvement Plan (ICIP), to include the following for each project (please check mark each item as you are completing them – All items should be checked before submitting this form):

1. Entity Information

- ICIP Officer, Procurement Officer, Financial Officer: name, telephone, email
- COG District number
- Address Information
- Entity type
- Compliant with Executive Order 2013-006
- Comprehensive plan and other planning documents

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
- Phasing Budget
- Operating Budget
- Who will Own, Operate, Fiscal Agent, Own Land, Own Asset, and Maintain (Do not leave empty)
- #19 Answer all questions as related to each specific project (Do not leave empty).

Authorized Signature

Date (xx/xx/xxxx)

Printed Name