

Appendix I: ICIP Completion Certification Form

FY 2025-2029 ICIP Completion Certification Form

Grant County

Official Entity Name

08000

ICIP Entity Code


This certifies that the official has completed and entered the information required for the FY 2024-2028 Infrastructure Capital Improvement 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
- ☒ 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
- ☒ #19 Answer all questions as related to each specific project



Authorized Signature

Chris M. Ponce, Chairman

Printed Name

08/10/2023

Date (xx/xx/xxxx)

Chris M. Ponce, Chairman

08/10/2023