

Appendix I: ICIP Completion Certification Form

FY 2025-2029 ICIP Completion Certification Form

Mimbres Senior Center

Official Entity Name

08040

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

08/30/2023

Date (xx/xx/xxxx)

Chris M. Ponce, Chairman

08/30/2023

Appendix III: Permission for Access Form

FY 2025-2029 ICIP Permission for Access/ New Entity Request Form/CPMS Access

(Must be a political subdivision of the state - municipality, county, special district, tribe, or senior center facility.)

<input checked="" type="checkbox"/>	Current ICIP User
<input checked="" type="checkbox"/>	Additional ICIP User
<input type="checkbox"/>	New ICIP Entity
<input type="checkbox"/>	CPMS Access Only

Choose Entity Type from drop downs below:

Entity Type: Senior Facility

Special District: N/A

Mimbres Senior Center (Entity Name) agrees to provide the following agency or individual the authority to enter the Infrastructure Capital Improvement Plan (ICIP) for the FY 2025-2029 Infrastructure Capital Improvement Plan database for this entity.

Person with signatory authority for this local government entity to give such permission:

Name: Charlene Webb Title: County Manager

Entity/Agency Name: Grant County for Mimbres Senior Center

Address: 1400 Highway 180 East

City: Silver City State: NM Zip: 88061 County: Grant

Phone: 575-574-0008 Email: cwebb@grantcountynm.gov

Signature:  Date: 08/30/2023

Agency or individual who has been given authority to enter the ICIP data on behalf of said entity:

Name: Randy Hernandez Title: Planning & Community Development Director

Entity/Agency Name: Grant County for Mimbres Senior Center

Address: 1400 Highway 180 East

City: Silver City State: NM Zip: 88062 County: Grant

Phone: 575-574-0066 Email: rhernandez@grantcountynm.gov

Signature:  Date: 08/30/2023

Appendix I: ICIP Completion Certification Form

FY 2025-2029 ICIP Completion Certification Form

Gila Senior Center

Official Entity Name

08038

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

08/30/2023
Date (xx/xx/xxxx)

Chris M. Ponce, Chairman

08/30/2023

Appendix III: Permission for Access Form

FY 2025-2029 ICIP Permission for Access/ New Entity Request Form/CPMS Access

(Must be a political subdivision of the state - municipality, county, special district, tribe, or senior center facility.)

- | | |
|-------------------------------------|----------------------|
| <input checked="" type="checkbox"/> | Current ICIP User |
| <input checked="" type="checkbox"/> | Additional ICIP User |
| <input type="checkbox"/> | New ICIP Entity |
| <input type="checkbox"/> | CPMS Access Only |

Choose Entity Type from drop downs below:

Entity Type: Senior Facility

Special District: N/A

Gila Senior Center (Entity Name) agrees to provide the following agency or individual the authority to enter the Infrastructure Capital Improvement Plan (ICIP) for the FY 2025-2029 Infrastructure Capital Improvement Plan database for this entity.

Person with signatory authority for this local government entity to give such permission:

Name: Charlene Webb Title: County Manager

Entity/Agency Name: Grant County for Mimbres Senior Center

Address: 1400 Highway 180 East

City: Silver City State: NM Zip: 88061 County: Grant

Phone: 575-574-0008 Email: cwebb@grantcountynm.gov

Signature: Charlene Webb Date: 08/30/2023

Agency or individual who has been given authority to enter the ICIP data on behalf of said entity:

Name: Randy Hernandez Title: Planning & Community Development Director

Entity/Agency Name: Grant County for Mimbres Senior Center

Address: 1400 Highway 180 East

City: Silver City State: NM Zip: 88062 County: Grant

Phone: 575-574-0066 Email: rhernandez@grantcountynm.gov

Signature: Randy Hernandez Date: 08/30/2023