

**Appendix III: Permission for Access Form**

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

**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 )

Choose Entity Type from drop downs below:

Entity Type: N/A

Special District: N/A

\_\_\_\_\_ (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: \_\_\_\_\_ Title: \_\_\_\_\_

Entity/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Entity/Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Appendix I: ICIP Completion Certification Form

## FY 2025-2029 ICIP Completion Certification Form

Official Entity Name

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

\_\_\_\_\_  
Date (xx/xx/xxxx)

\_\_\_\_\_  
Printed Name

## Appendix II: Resolution Template

County, Municipality/Tribal Government/Special District of

\_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Resolution No. \_\_\_\_\_

### A RESOLUTION ADOPTING THE FY 2025-2029 INFRASTRUCTURE CAPITAL IMPROVEMENT PLAN (ICIP)

WHEREAS, the \_\_\_\_\_ of \_\_\_\_\_ recognizes that the financing of public capital projects has become a major concern in New Mexico and nationally; and

WHEREAS, in times of scarce resources, it is necessary to find new financing mechanisms and maximize the use of existing resources; and

WHEREAS, systematic capital improvements planning is an effective tool for communities to define their development needs, establish priorities and pursue concrete actions and strategies to achieve necessary project development; and

WHEREAS, this process contributes to local and regional efforts in project identification and selection in short and long range capital planning efforts.

NOW, THEREFORE, BE IT RESOLVED BY THE \_\_\_\_\_ that:

1. The county/municipality/tribal government/special district has adopted the attached FY 2025-2029 Infrastructure Capital Improvement Plan, and
2. It is intended that the Plan be a working document and is the first of many steps toward improving rational, long-range capital planning and budgeting for New Mexico's infrastructure.
3. This Resolution supersedes Resolution No. \_\_\_\_\_.

PASSED, APPROVED and ADOPTED by the governing body at its meeting of \_\_\_\_\_, 2023

\_\_\_\_\_  
Mayor/County Commission Chair/Board Chair

ATTEST:

\_\_\_\_\_  
Municipal/County Clerk/Other Testator