



---

**2023 Capital Outlay Summer Hearings**

**SUBMITTAL CERTIFICATION**

Name of Institution: \_\_\_\_\_

I hereby certify that the five (5) year plan for our institution, provided as part of this year's capital outlay funding request, was approved by the Governing Board on \_\_\_\_\_.

I also certify that the proposed capital outlay projects submitted to the NMHED for funding consideration are:

- Eligible for capital outlay funding through the NMHED Capital Outlay process.
- Have been included on the institutions ICIP.
- Are ranked in priority order.
- Are considered to represent the institutions priority of greatest need.
- Have been developed sufficiently to validate project cost; and if funded,
- Will have a minimum of five percent (5%) of the appropriation incurred within the first six (6) months from the date the Bonds are issued.

\_\_\_\_\_  
Governing Board President (Printed Name)

\_\_\_\_\_  
Institution Chancellor/President (Printed Name)

\_\_\_\_\_  
Governing Board President (Signature)

\_\_\_\_\_  
Institution Chancellor/President (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date