***Attachment 4***

**Authorization Form for Agency Public Investment Program (PIP)/**

**Three (3)-Year Rolling Infrastructure Program (TRIP) Focal(s)**

**for the Updating of the PIP 2017-2022 and Formulation of Fiscal Year (FY) 2020-2022 TRIP**

**as Input to the FY 2020 Budget Preparation**

This is to authorize the following from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Department/Agency/Office) as the Agency PIP/TRIP Focal(s) who will be responsible to ***encode and submit duly endorsed/approved priority Programs and Projects (PAPs)*** for inclusion in the Updated 2017-2022 PIP and FY 2020-2022TRIP, through the PIP Online (PIPOL) System.

Based on this authorization, it is understood that all information on the PAPs encoded by the following Agency PIP/TRIP Focal(s) in the PIPOL System are **correct, complete and duly endorsed/approved by both the Agency and Mother Agency**, where applicable.

**Authorized Agency PIP/TRIP Focal(s):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Designation and Office/Unit** | **Contact Number** | **Email Address** |
| **Agency Lead PIP/TRIP Focal (*Director IV level and above*):** | | | |
|  |  | Tel. No:  Fax No: |  |
| **Agency PIP/TRIP Focal 2** | | | |
|  |  | Tel. No:  Fax No: |  |
| **Agency PIP/TRIP Focal 3** | | | |
|  |  | Tel. No:  Fax No: |  |

**Contact Information of the Head of Agency:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Position**  **(Secretary, SUC President, etc.)** | **Contact Number** | **Email Address[[1]](#footnote-1)** |
| **Head of Agency[[2]](#footnote-2):** | | | |
|  |  | Tel. No:  Fax No: |  |
| **Head of the Mother Agency *(If applicable):*** | | | |
|  |  | Tel. No:  Fax No: |  |

|  |  |
| --- | --- |
| Name and Signature of the **Head of the Agency:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Name and Signature of the **Mother of the Agency**  **(where applicable):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***NOTE****: Kindly upload the accomplished Authorization Form in the PIP Online Sign-up Page accessible through this link:* ***tinyurl.com/pipolv2reg***.

1. The official list of Agency PAPs submitted by the Agency PIP/TRIP Focal(s) will be provided to the email addresses of the Head of the Agency/Mother Agency indicated in this Authorization Form. [↑](#footnote-ref-1)
2. The President or the counterpart highest level official for Government-Owned and Controlled Corporations, Government Financial Institutions and State Universities and Colleges. [↑](#footnote-ref-2)