**Authorization Form for**

**Agency Public Investment Program Focal(s)**

**for the Updating of the 2017-2022 PIP**

This is to authorize the following from (Name of Department/Agency/Office) as the **Agency Public Investment Program (PIP) / Three-Year Rolling Infrastructure Program (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, 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 on or before the set deadline are **correct, complete, and duly endorsed/approved by both the agency and mother agency**, where applicable. For reporting purposes and request for information on the priority PAPs under the Updated 2017-2022 PIP, the information encoded in the PIPOL System by the Agency PIP/TRIP Focals will be deemedby NEDA as **official and can be used for quotation**.

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

***NOTE****:*  *Kindly upload the accomplished Authorization Form in the PIPOL System Sign-up Page accessible through this link:* [**http://pipol.neda.gov.ph/register**](http://pipol.neda.gov.ph/register) ***by 28 May 2021.***

1. The official list of 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)