John W. Hickenlooper

Governor

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Signature Date

Name of Institution of Higher Education

***FY 2017-18 Capital IT Request | [month/day/year]***

***Institution Capital Construction Priority: xx***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summary of Capital Construction Request** | **Total Funds** | **CCFE** | **Cash**  **Funds\*** | **Federal**  **Funds** |
| **FY 2016-17** | **$x,xxx,xxx** | $x,xxx,xxx | $x,xxx,xxx | $x,xxx,xxx |
| **FY 2017-18** | **$x,xxx,xxx** | $x,xxx,xxx | $x,xxx,xxx | $x,xxx,xxx |
| **FY 2018-19** | **$x,xxx,xxx** | $x,xxx,xxx | $x,xxx,xxx | $x,xxx,xxx |
|  | | | | |

**Request Summary:**

[Type *one paragraph* to describe the amount of the request and the construction project itself.]

**Project Description:**

[*In many paragraphs as necessary* please include a discussion of what will happen to the old system and infrastructure, licensing agreements, and maintenance agreements. Include the inputs the department will receive from end users of the system when planning the project. Describe how the project builds upon the existing IT environment at the department and/or throughout interfacing state systems.]

*[Please note in this section if this request represents a continuation from a project appropriated in a previous year.]*

**Background and Justification:**

[Include *as many paragraphs as necessary* to describe the conditions leading to the necessity of this capital request. Describe the risks if the request is not approved.]

*[If the department has conducted an external assessment to establish an industry baseline for similar systems/projects, please include it here.]*

**Implementation Plan**

[Please outline the implementation plan for this project, highlighting change management, internal and external training plans, and how affected parties will be engage throughout the process.]

**Alignment with OIT Best Practices**

[Explain how this project confirms to OIT best practices. Explain OIT’s engagement in the planning process.]

**Security and Backup/Disaster Recovery**

[Describe the data protection and disaster recovery considerations factored into the plan.]

**Business Process Analysis**

[Explain the business process analysis performed before this project was developed and if the IT system was designed to fix an operational problem.]

**Systems Integration Opportunities**

[Describe the opportunities for systems integration with other agencies in this project, if any.]

**Program Plan**

[Explain the review process and the program plan.]

**Cost Savings and Improved Performance Outcomes**

[Describe the cost savings or improved performance outcomes as a result of this project. Estimate the cost savings of a project, which includes, but is not limited to, efficiency gains, risk aversion, and time savings (i.e. number of hours saved by employees or the end user). Include key performance indicators. For example, access to mobile data has saved approximately 2 staff hours per week on travel time to the office to access data and reports.]

**Cost-Benefit Analysis and Project Alternatives**

[In the narrative, identify the strengths and weaknesses of project alternatives and common assumptions and parameters for the economic evaluation of the alternatives (i.e. weighing the benefits and cost of a new system to investing in maintenance and upgrades). Please state each alternative, the total estimated costs of the alternatives, and a comparison of project requested and the alternatives. Justify the total life cycle costs and how the project compared to alternatives.]

[Quantify efficiencies or program enhancements and service expansion through cost-benefit analysis or return on investment calculations.]

**Consequences if not Funded:**

[Include as many paragraphs as necessary to explain the likely outcome if this request is not approved.]

**Operating Budget Impact:**

[If you have an operating budget impact, please submit a corresponding operating budget request.

As necessary and appropriate, include a discussion of how this project will affect operating appropriations in the department. This includes a discussion of any appropriation increases or decreases necessary to provide for building or system maintenance, increases or decreases in FTE, and the anticipated time line for operating impacts.]

**Assumptions for Calculations:**

[In as many paragraphs and tables as necessary, include descriptions of the calculations used to justify the amount requested. Descriptions of assumptions and calculations should include:

* Estimated expenditures for land purchases;
* Estimated expenditures for professional services;
* Estimated expenditures for construction;
* A list of equipment and furnishings, including estimated prices;
* Calculations for art in public places, as necessary;
* Inflation assumptions by year and component;
* A discussion of costs associated with High Performance Certification Program (HCHP), or LEED certification, and the target certification level. If HPCP certification will not be pursued, please provide an explanation as to why the project is exempt from this requirement; and
* Other details as necessary.]

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| --- | --- | --- | --- | --- | --- | --- |
| **Additional Request Information** | | | | | | |
| **Please indicate if three-year roll forward spending authority is required.** | | | ❑ Yes ❑ No | | | |
| Date of project’s most recent program plan: | | |  | | | |
| Please provide the link to the program plan or attached the first page of the analysis to this document: | | |  | | | |
| Request 6-month encumbrance waiver? | | | ❑ Yes | | ❑ No | |
| New construction or modification? | | | ❑ New | | ❑ Renovation | |
| ❑ Expansion | | ❑ Capital Renewal | |
| Total Estimated Square Footage | | | \_\_\_\_\_\_\_\_ ASF | | \_\_\_\_\_\_\_\_ GSF | |
| Is this a continuation of a project appropriated in a prior year? | | | ❑ Yes | | ❑ No | |
| If this is a continuation project, what is the State Controller Project Number? | | |  | |  | |
| **Continuation History (delete if not applicable)** | | | | | | |
|  | FY 2XXX-XX  Appropriated | FY 2XXX-XX  Appropriated | | FY 2XXX-XX  Appropriated | | **Total**  **Appropriations** |
| **Total Funds** |  |  | |  | |  |
| **General Fund** |  |  | |  | |  |
| **Cash Funds\*** |  |  | |  | |  |
| **Reappropriated / CFE** |  |  | |  | |  |
| **Federal Funds** |  |  | |  | |  |

|  |  |  |
| --- | --- | --- |
| **Estimated Project Time Table** | | |
| **Steps to be completed** | **Start Date** | **Completion Date** |
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| **Cash Fund Projections (delete if not applicable)** | | | | |
| Cash Fund name and number: | |  | | |
| Statutory reference to Cash Fund: | |  | | |
| Describe how revenue accrues to the fund: | |  | | |
| Describe any changes in revenue collections that will be necessary to fund this project: | |  | | |
| If this project is being financed, describe the terms of the bond, including the length of the bond, the expected interest rate, when the agency plans to go to market, and the expected average annual payment (delete row if unnecessary): | |  | | |
| **FY 2015-16 Actual**  **Ending Fund Balance** | **FY 2016-17 Projected**  **Ending Fund Balance** | | **FY 2017-18 Projected**  **Ending Fund Balance**  **with Project Approval** | **FY 2018-19 Projected**  **Ending Fund Balance**  **with Project Approval** |
| **$** | **$** | | **$** | **$** |