**STATE OF COLORADO**

**DEPARTMENT OF HIGHER EDUCATION**

|  |  |  |
| --- | --- | --- |
| **FY 2019-20 CAPITAL CONSTRUCTION/CAPITAL RENEWAL PROJECT REQUEST- *NARRATIVE (CC\_CR-N)*** | | |
| **Capital Construction Fund Amount (CCF):** |  | |
| **Cash Fund Amount (CF):** |  | |
| Funding Type: |  | |
| Intercept Program Request? (Yes/No): |  | |
| Institution Name: |  | |
| Project Title: |  | |
| Project Phase (Phase \_of\_): |  | |
| State Controller Project Number  (if continuation): |  | |
| Project Type: |  | Capital Construction (CC) |
|  | Capital Renewal (CR) |
| Year First Requested: | FY 20\_\_\_ - \_\_\_ | |
| Priority Number  (Leave blank for continuation projects): | \_\_\_ OF \_\_\_ | |
| Name & Title of Preparer: |  | |
| Email of Preparer: |  | |
| Institution Signature Approval: | Date | |
| CDHE Signature Approval: | Date | |

**A. PROJECT SUMMARY/STATUS:**

*Provide a brief scope description of the project and explain the status of the prior appropriated phases. See instructions for further detail.*

**B. SUMMARY OF PROJECT FUNDING REQUEST:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Funding Source** | **Total Project Cost** | **Total Prior Appropriation** | **Current Budget Year Request** | **Year Two Request** | **Year Three Request** | **Year Four Request** | **Year Five Request** |
| Capital Construction Funds (CCF) | $0 | $0 | **$0** | $0 | $0 | $0 | $0 |
| Cash Funds (CF) | $0 | $0 | **$0** | $0 | $0 | $0 | $0 |
| Reappropriated Funds (RF) | $0 | $0 | **$0** | $0 | $0 | $0 | $0 |
| Federal Funds (FF) | $0 | $0 | **$0** | $0 | $0 | $0 | $0 |
| **Total Funds (TF)** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** | **$0** |

**C. PROJECT DESCRIPTION/SCOPE OF WORK/JUSTIFICATION:**

*Provide a detailed description the project, phases, funding and any other information relevant to the project. Include whatever pertinent material available to support the request. See instructions for further information.*

**D. PROGRAM INFORMATION:**

*Provide a description of the programs within the institution that will be impacted by this request. See instructions for further detail.*

**E. CONSEQUENCES IF NOT FUNDED:**

*Provide a description of consequences if this project is not funded. See instructions for further detail.*

**F. LIFE CYCLE COST (LCC)/COMPARATIVE ANALYSIS:**

*Provide a description of the comparative analysis of lifecycle costs for this project. See instructions for further detail.*

**G. ASSUMPTIONS FOR CALCULATIONS:**

*Describe the basis for how the project costs were estimated. See instructions for further detail.*

**H. SUSTAINABILITY:**

*Provide a description of how the project complies with the High Performance Certification Program (HCHP). See instructions for further detail.*

**I. OPERATING BUDGET IMPACT:**

*Detail operating budget impacts the project may have. See instructions for further detail.*

**J. PROJECT SCHEDULE:**

*Identify project schedule by funding phases. Add or delete boxes as required for each phase. See instructions for further detail.*

|  |  |  |
| --- | --- | --- |
| **Phase \_\_of\_\_** | **Start Date** | **Completion Date** |
| Pre-Design |  |  |
| Design |  |  |
| Construction |  |  |
| FF&E /Other |  |  |
| Occupancy |  |  |

|  |  |  |
| --- | --- | --- |
| **Phase \_\_of\_\_** | **Start Date** | **Completion Date** |
| Pre-Design |  |  |
| Design |  |  |
| Construction |  |  |
| FF&E /Other |  |  |
| Occupancy |  |  |

|  |  |  |
| --- | --- | --- |
| **Phase \_\_of\_\_** | **Start Date** | **Completion Date** |
| Pre-Design |  |  |
| Design |  |  |
| Construction |  |  |
| FF&E /Other |  |  |
| Occupancy |  |  |

**K. ADDITIONAL INFORMATION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Three-year roll forward spending authority is required:** | | | | ❑ Yes ❑ No | | | |
| Date of project’s most recent program plan: | | | |  | | | |
| Link to the program plan or attach the document: | | | |  | | | |
| Date of most recent facility condition audit (if applicable): | | | |  | | | |
| Request 6-month encumbrance waiver: | | | | ❑ Yes | | ❑ No | |
| New construction or renovation: | | | | ❑ 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 | | | |
| State Controller Project Number (if continuation): | | | |  | | | |
| **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** |  |  | |  |  | | |
| **Federal Funds** |  |  | |  |  | | |