Department of

John W. Hickenlooper

Governor

Executive Director

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

***FY 2013-14 Capital Construction Request***



***September 1, 2013***

***Department or CCHE Capital Construction Priority: xx***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summary of Capital Construction Request** | **Total Funds** | **CCFE** | **Cash**  **Funds\*** | **Federal**  **Funds** |
| **FY 2014-15** | **$x,xxx,xxx** | $x,xxx,xxx | $x,xxx,xxx | $x,xxx,xxx |
| **FY 2015-16** | **$x,xxx,xxx** | $x,xxx,xxx | $x,xxx,xxx | $x,xxx,xxx |
| **FY 2016-17** | **$x,xxx,xxx** | $x,xxx,xxx | $x,xxx,xxx | $x,xxx,xxx |
| *\*For Higher Education institutions, please make a notation here if the institution is participating in the Intercept Program.* | | | | |

**Request Summary:**

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

**Background and Justification:**

[Include *as many paragraphs as necessary* to describe the conditions leading to the necessity of this capital request. This includes a description of why current buildings or systems have become inadequate for programmatic use, and a description of the programmatic necessity of capital construction or improvement.]

*[If this facility has been given a “Facility Condition Index Score,” please include a description of that score in this section.]*

**Project Description:**

[Include *as many paragraphs as necessary* to describe the project. For construction projects, this would include the amount of space needed, the types of rooms or equipment included in the request, and similar items. For IT requests, this includes a thorough discussion of the software, services, and hardware to be purchased.]

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

**Life Cycle Cost (LCC) Analysis:**

[Identify the feasible project alternatives and common assumptions and parameters for the economic evaluation of the alternatives. Based on the calculations from the LCC-Form, provide the discounted future costs and the present value, adjusted costs for inflation and/or price escalation over time for each alternative, the total estimated costs, and a comparison of project requested and the alternatives.]

**Consequences if not Funded:**

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

**Operating Budget Impact:**

[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.]

**Supplemental Justification (if necessary):**

[Describe the necessity of this project as a supplemental request. Describe any unforeseen circumstances that necessitate an appropriation in advance of passage of the Long Bill.]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Additional Request Information** | | | | | | |
| Date of project’s most recent program plan: | | |  | | | |
| 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 2012-13 Actual**  **Ending Fund Balance** | **FY 2013-14 Projected**  **Ending Fund Balance** | | **FY 2014-15 Projected**  **Ending Fund Balance**  **with Project Approval** | **FY 2015-16 Projected**  **Ending Fund Balance**  **with Project Approval** |
| **$** | **$** | | **$** | **$** |