**STATE OF COLORADO**

**DEPARTMENT OF HIGHER EDUCATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FY 2018-19 CAPITAL CONSTRUCTION/CAPITAL RENEWAL PROJECT REQUEST- *NARRATIVE (CC\_CR-N)\**** | | | | | |
| A | **Capital Construction Fund Amount (CCF):** |  | | **Cash Fund Amount (CF):** |  |
| B | Funding Type |  | | Intercept Program Request? Yes/No |  |
| C | (1) Institution Name: |  | | (2) Name & Title of Preparer: |  |
| D | (1) Project Title (Phase\_of\_): |  | | (2) E-mail of Preparer: |  |
| E | (1) Project Type: |  | Capital Construction (CC) | (2) State Controller Project No. (if applicable): |  |
|  | Capital Renewal (CR) |
| F | (1) Year First Requested: | FY 20\_\_\_ - \_\_\_ | | (2) Institution Signature Approval: | Date |
| G | (1) Priority Number: | \_\_\_ OF \_\_\_ | | (2) CDHE Signature Approval: | Date |

*\* Accompanies CC\_CR-C Form*

**A. PROJECT SUMMARY:**

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

**B. PROJECT DESCRIPTION:**

*Provide as 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.*

**C. PROGRAM INFORMATION:**

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

**D. JUSTIFICATION:**

*Provide a detailed description of 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 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:**

*Describe the targeted certification level per 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:**

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

**K. ADDITIONAL 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 attach the document: | | |  | | | |
| 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 | |
| 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** |  |  | |  | |  |
| **Federal Funds** |  |  | |  | |  |