**STATE OF COLORADO**

 **DEPARTMENT OF HIGHER EDUCATION**

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| --- |
| **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-XXAppropriated | FY 2XXX-XXAppropriated | FY 2XXX-XXAppropriated | **Total****Appropriations** |
| **Total Funds** |  |  |  |  |
| **General Fund** |  |  |  |  |
| **Cash Funds** |  |  |  |  |
| **Reappropriated**  |  |  |  |  |
| **Federal Funds** |  |  |  |  |