

Colorado Department of Higher Education

*FY 2026-27 capital construction/capital renewal project request narrative*

# Project Overview

|  |  |
| --- | --- |
| Institution Name: | Click or tap here to enter text. |
| Project Title: | Click or tap here to enter text. |
| **Capital Construction Fund Amount (CCF):** | Click or tap here to enter text. |
| **Cash Fund Amount (CF):** | Click or tap here to enter text. |
| Funding type: | Click or tap here to enter text. |
| Project Phase (Phase \_of\_): | Click or tap here to enter text. |
| Project Type: | Choose an item. |
| Year First Requested: | Click or tap here to enter text. |
| Priority Number: | \_ of \_ |
| Intercept Program Request? (Yes/No): | Choose an item. |
| State Controller Project Number (if continuation): | Click or tap here to enter text. |
| Name & Title of Preparer: | Click or tap here to enter text. |
| E-mail of Preparer: | Click or tap here to enter text. |
| Institution Signature Approval & Date: |  |
| OSPB Signature Approval & Date: |  |
| CDHE Signature Approval & Date: |  |

## A. Facility Planning Documentation:

Does this submission have a CDHE Approved facility program plan?

[ ] Yes

[ ] No

[ ] N/A

If yes, enter the date approved:Click or tap here to enter text.

## B. Project Summary/Status:

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

Click or tap here to enter text.

## C. Summary of Project Funding Request (cc\_cr-c form):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Fund (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  |

## D. Project Description/Scope of Work/Justification:

Provide a detailed description of the project, phases, funding, and any other relevant information. Include whatever pertinent material is available to support the request. Describe how the proposed project fits the goals of the CCHE strategic plan. See instructions for further information.

History of Appropriated Projects funded with controlled maintenance, capital renewal, capital construction, emergency CM repairs, cash, or operational funds completed within the last fifteen (15) years or ongoing projects that can be associated with either this CC/CR building or infrastructure request.

|  |  |  |  |
| --- | --- | --- | --- |
| Project No. | Project Title | Project Cost | Completion date or status |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## E. Program Information:

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

Click or tap here to enter text.

## F. Consequences if Not Funded:

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

Click or tap here to enter text.

## G. Life Cycle Cost (LCC)/Cost-Benefit Comparative Analysis:

Provide a description of the comparative analysis of lifecycle costs for this project. Describe the costs and benefits of various alternatives. See instructions for further details.

Click or tap here to enter text.

## H. Assumptions for Calculations:

Describe the basis for how the project costs were estimated. See instructions for further details. Include inflation assumptions.

Click or tap here to enter text.

## I. Sustainability:

Describe how the project complies with the High-Performance Certification Program (HCHP). See instructions for further details.

Click or tap here to enter text.

## J. Operating Budget Impact:

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

Click or tap here to enter text.

## K. Project Schedule:

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

|  |  |  |
| --- | --- | --- |
| **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** |  |  |

## L. Additional Information:

* Three-year roll forward spending authority is required:Choose an item.
* Link to the program plan or attach the document: Click or tap here to enter text.
* Request 6-month encumbrance waiver: Choose an item.
* Total estimated square footage (new):Click or tap here to enter text.
* Total estimate square footage (renovated): Click or tap here to enter text.
* Is this a continuation of a project appropriated in a prior year: Choose an item.
* State controller project number (if continuation):Click or tap here to enter text.

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** |  |  |  |  |

Out year requests (phased projects) (delete if not applicable.)

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