

Colorado Department of Higher Education

*FY 2026-27 ATC capital construction/capital renewal grant request narrative*

# Project Overview

|  |  |
| --- | --- |
| Institution Name: | Click or tap here to enter text. |
| Project Title: | Click or tap here to enter text. |
| **General Fund Amount (GF):** | Click or tap here to enter text. |
| **Cash Fund Amount (CF):** | 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. |
| ATC Priority Number: | \_ of \_ |
| 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. 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.

## 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 |
| General Fund (GF) | $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 of the project, phases, funding and any other information relevant to the project. Provide any information pertinent to the scoring criteria. This should include details about the beneficiaries of the project including students, how the project achieves institutional and state goals, any space needs addressed by the project, and the condition of any existing buildings the project is renovating or expanding upon.

Click or tap here to enter text.

## D. 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.

## E. 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.

## F. 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.

## G. 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.

## H. 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.

## I. Operating Budget Impact:

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

Click or tap here to enter text.

## J. 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** |  |  |

## K. 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.
* 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** |  |  |  |  |