**STATE OF COLORADO**

 **DEPARTMENT OF HIGHER EDUCATION**

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| **FY 2024-25 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 |
| OSPB Signature Approval: | Date |
| CDHE Signature Approval: | Date |

**A. FACILITY PLANNING DOCUMENTATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *CDHE approved Facility Program Plan* | *Yes* |  | *No* |  | *N/A Date Approved* |  |

**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 detail.*

**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 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**  |

**D. 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. Describe how the proposed project fits in with the Higher Education Master Plan goals. See instructions for further information.*

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| --- |
| 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 detail.*

**F. CONSEQUENCES IF NOT FUNDED:**

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

**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 to various alternatives. See instructions for further detail.*

**H. ASSUMPTIONS FOR CALCULATIONS:**

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

**I. SUSTAINABILITY:**

*Provide a description of how the project complies with the High-Performance Certification Program (HCHP). See instructions for further detail.*

**J. GOVERNOR’S INITIATIVE**

*Review the Governor’s Executive Order on Greening of State Government and follow directives. See instructions for further detail.*

**K. OPERATING BUDGET IMPACT:**

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

**L. 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 |  |  |

**M. ADDITIONAL INFORMATION:**

|  |  |
| --- | --- |
| **Three-year roll forward spending authority is required:** | ❑ Yes ❑ No |
| Link to the program plan or attach the document: |  |
| Request 6-month encumbrance waiver: | ❑ Yes | ❑ No |
| Total estimated square footage (new):Total estimate square footage (renovated): | \_\_\_\_\_\_\_\_ ASF\_\_\_\_\_\_\_\_ ASF | \_\_\_\_\_\_\_\_ GSF\_\_\_\_\_\_\_\_ 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** |  |  |  |  |
| **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** |  |  |  |  |