**STATE OF COLORADO**

**DEPARTMENT OF HIGHER EDUCATION**

|  |  |  |
| --- | --- | --- |
| **FY 2024-25 CAPITAL CONSTRUCTION/CAPITAL RENEWAL GRANT REQUEST- *NARRATIVE (CC\_CR-N\_ATC)*** | | |
| **General Fund Amount:** |  | |
| **Institution Funds:** |  | |
| Institution Name: |  | |
| Project Title: |  | |
| Project Phase (Phase \_of\_): |  | |
| Project Type: |  | New Construction/Expansion |
|  | Renovation |
| Year First Requested: | FY 20\_\_\_ - \_\_\_ | |
| ATC 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 if relevant.*

**B. 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.*

**C. PROGRAM INFORMATION:**

*Provide a description of the programs within the institution that will be impacted by this request.*

**D. CONSEQUENCES IF NOT FUNDED:**

*Provide a description of the likely consequences of this project not being funded.*

**E. LIFE CYCLE COST (LCC)/COST-BENEFIT COMPARATIVE ANALYSIS:**

*Identify the comparative project alternatives. Describe each alternative and its total estimated life-cycle cost. Assume that the total life cycle cost is the total project cost plus owning and operating costs over a study period of thirty years. For renovation projects, indicate how this request would reduce the agency’s maintenance costs. Estimates are acceptable.*

**F. ASSUMPTIONS FOR CALCULATIONS:**

*Describe the basis for how the project costs were estimated. Include inflation assumptions.*

**G. 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 |  |  |
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|  |  |  |
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| **Phase \_\_of\_\_** | **Start Date** | **Completion Date** |
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| Design |  |  |
| Construction |  |  |
| FF&E /Other |  |  |
| Occupancy |  |  |

**H. ADDITIONAL INFORMATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| All funds expected to be encumbered within three years: | | | | ❑ 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 | | |
| **CONTINUATION HISTORY: (delete if not applicable)** | | | | | | |
|  | FY 2XXX-XX  Funding | | FY 2XXX-XX  Funding | FY 2XXX-XX  Funding | **Total**  **Funding** | |
| **Total Funds** |  |  | |  |  | |
| **General Fund** |  |  | |  |  | |
| **Institution Funds** |  |  | |  |  | |
| **Federal Funds** |  |  | |  |  | |
| **OUT YEAR REQUESTS (PHASED PROJECTS): (delete if not applicable)** | | | | | | |
|  | FY 2XXX-XX  Funding | FY 2XXX-XX  Funding | | FY 2XXX-XX  Funding | **Total**  **Funding** | |
| **Total Funds** |  |  | |  |  | |
| **General Fund** |  |  | |  |  | |
| **Institution Funds** |  |  | |  |  | |
| **Federal Funds** |  |  | |  |  | |