**STATE OF COLORADO**

**DEPARTMENT OF HIGHER EDUCATION**

|  |  |  |
| --- | --- | --- |
| **FY 2024-25 CAPITAL IT PROJECT REQUEST- *NARRATIVE (CC\_IT-N)*** | | |
| **Capital Construction Fund Amount (CCF):** |  | |
| **Cash Fund Amount (CF):** |  | |
| Intercept Program Request? (Yes/No): |  | |
| Institution Name: |  | |
| Project Title: |  | |
| Project Phase (Phase \_of\_): |  | |
| State Controller Project Number  (if continuation): |  | |
| Project Type: |  | Technology Hardware |
|  | Technology Software |
| Year First Requested: | FY 20\_\_\_ - \_\_\_ | |
| Priority Number  (Leave blank for continuation projects): | \_\_\_ OF \_\_\_ | |
| Name & Title of Preparer: |  | |
| E-mail of Preparer: |  | |
| 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 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 of the project, phases, funding and any other information relevant to the project. Include information on best practices. Describe how the project fits in with the Higher Education Master Plan goals.*

**D. PROGRAM INFORMATION:**

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

**E. CONSEQUENCES IF NOT FUNDED:**

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

**F. ASSUMPTIONS FOR CALCULATIONS:**

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

**G. OPERATING BUDGET IMPACT:**

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

**H. 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 |  |  |

**I. ADDITIONAL INFORMATION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Three-year roll forward spending authority is required:** | | | | ❑ Yes ❑ No | | |
| Request 6-month encumbrance waiver: | | | | ❑ Yes | | ❑ No |
| 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-XX  Appropriated | | FY 2XXX-XX  Appropriated | FY 2XXX-XX  Appropriated | **Total**  **Appropriations** | |
| **Total Funds** |  |  | |  |  | |
| **General Fund** |  |  | |  |  | |
| **Cash Funds\*** |  |  | |  |  | |
| **Reappropriated** |  |  | |  |  | |
| **Federal Funds** |  |  | |  |  | |

**J. COST SAVINGS / IMPROVED PERFORMANCE OUTCOMES:**

*Describe the cost savings or improved performance outcomes as a result of this project. Please clearly identify and quantify anticipated administrative and operating efficiencies or program enhancements and service expansion through cost-benefit analyses and return on investment calculations.*

**K. SECURITY AND BACKUP / DISASTER RECOVERY:**

*Describe the data protection and disaster recovery considerations factored into the plan. Indicate any cybersecurity implications if applicable.*

**L. BUSINESS PROCESS ANALYSIS:**

*Describe alternatives analyzed, cost-benefit analysis, and measures in place to prevent time and cost overruns. Articulate how the proposed project fits in with the institution’s strategic IT plan.*