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| **FY 2024-25 HIGHER EDUCATION CAPITAL CONSTRUCTION/CAPITAL RENEWAL /IT BUDGET REQUEST**  |
| **To:** | **COLORADO DEPARTMENT OF HIGHER EDUCATION** |
| **(A) Institution:** |  |
| **(B) Date Submitted:** |  |
| **(C) Name of Preparer:** |  |
| **(D) Phone Number:** |  |
| **(E) Email Address:** |  |

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| **A. CAPITAL CONSTRUCTION/CAPITAL RENEWAL BUDGET REQUEST FORMS (1):** (*Required only for State institutions of higher education*) | Submitted Yes or N/A  |
| CC\_CR-5P | Five-Year Capital Construction/Capital Renewal Plan | Required  |  |
| CC\_CR-N | Capital Construction/Capital Renewal Project Request - Narrative | Required  |  |
| CC\_CR-C | Capital Construction/Capital Renewal Project Request - Cost Summary | Required |  |
| CC\_IT-5P | Five-Year Capital Information Technology Renewal Plan | Required  |  |
| CC\_IT-N | Information Technology Project Request - Narrative | Required  |  |
| CC\_IT-C | Information Technology Project Request - Cost Summary | Required |  |
| Photographs | Photographs shall be submitted individually in one of the formats listed | Required |  |
| Transmittal Form | Transmittal Form | Word |  |

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| **B. CC/CR/IT REQUEST ASSOCIATED DOCUMENTS (1):***(Required only for State institutions of higher education)*  |  | Submitted Yes or N/A  |
| Program Plan (if applicable) | Required |  |
| Signed Governing Board Priority List | Required |  |
| Program Plan Waiver Request  | As Applicable |  |
| Documentation from a qualified third party professional for requests that address legal and/or health/life safety issues | As Applicable |  |

**(1) Electronic submission required for all documents.**