**STATE OF COLORADO**

 **DEPARTMENT OF HIGHER EDUCATION**

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| **FY 2025-26 CAPITAL IT PROJECT REQUEST- *Scoring* *Appeal (CC\_IT-A)*** |
| Institution Name: |  |
| Project Title: |  |
| Project Type: |  | Technology Hardware |
|  | Technology Software |
| Name & Title of Preparer: |  |
| Email of Preparer: |  |

**A. AREAS FOR APPEAL:**

*Please indicate which of the following evaluation criteria you wish to appeal.*

|  |  |
| --- | --- |
| **Evaluation Criteria** | **Appeal Requested (Y/N)** |
| IT Health, Safety, and Industry Standards |  |
| Other Fund Sources |  |
| Quality of Planning/Proposal |  |
| Achieves Goals |  |
| Governing Board Priority |  |

**B. ADDITIONAL INFORMATION:**

*Please provide the appropriate documentation for the desired appeal category below if additional or revised information was requested.*

**C: JUSTIFICATION:**

*Please provide us with a justification on why each desired appealed criterion should be amended.*