

Colorado Department of Higher Education

*FY 2026-27 capital information technology project request narrative*

# Project Overview

|  |  |
| --- | --- |
| Institution Name: | Click or tap here to enter text. |
| Project Title: | Click or tap here to enter text. |
| **Capital Construction Fund Amount (CCF):** | Click or tap here to enter text. |
| **Cash Fund Amount (CF):** | Click or tap here to enter text. |
| Funding type: | Click or tap here to enter text. |
| Project Type: | Choose an item. |
| Year First Requested: | Click or tap here to enter text. |
| Priority Number: | \_ of \_ |
| Project Phase (Phase \_of\_): | Click or tap here to enter text. |
| Intercept Program Request? (Yes/No): | Choose an item. |
| State Controller Project Number (if continuation): | Click or tap here to enter text. |
| Name & Title of Preparer: | Click or tap here to enter text. |
| E-mail of Preparer: | Click or tap here to enter text. |
| Institution Signature Approval & Date: |  |
| OSPB Signature Approval & Date: |  |
| CDHE Signature Approval & Date: |  |

## Categories of IT Capital Projects

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type** | **System Replacement** | **System Enhancement**  **Regulatory Compliance** | **Tangible Savings**  **Process Improvement** | **Citizen Demand** |
| **Description** | Costs escalating, failing technology, software or vendor support ended, or new technology, e.g., Drives, Chats. | New functionality, improved process or functionality, new demand from citizens, regulatory compliance, e.g, CBMS | Conscious effort to reduce or avoid costs and improve efficiency, e.g., LEAN, back office automation | “The Ways Things Are” (transformative nature of technology, meet the citizens where they are, e.g., pay online, mobile access. |

## 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 details.

Click or tap here to enter text.

## 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 Fund (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 relevant information. Include whatever pertinent material is available to support the request. Articulate how the proposed project fits in with the institution’s strategic IT plan. See instructions for further information.

Click or tap here to enter text.

## D. Program Information:

Describe the programs within the institution that this request will impact.

Click or tap here to enter text.

## E. Consequences if Not Funded:

Provide a description of the consequences if this project is not funded.

Click or tap here to enter text.

## F. Assumptions for Calculations:

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

Click or tap here to enter text.

## G. Operating Budget Impact:

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

Click or tap here to enter text.

## H. Project Schedule:

Identify project schedule by funding phases. Add or delete boxes as required for each phase. See instructions for further details.

|  |  |  |
| --- | --- | --- |
| **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** |  |  |

## Additional Information:

* Three-year roll forward spending authority is required:Choose an item.
* Request 6-month encumbrance waiver: Choose an item.
* Is this a continuation of a project appropriated in a prior year: Choose an item.
* State controller project number (if continuation):Click or tap here to enter text.

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. Business Process Analysis:

Explain the business process analysis performed before this project was developed and if the IT system was designed to fix an operational problem. Describe how the proposed project would build upon the existing IT environment at the agency and/or throughout interfacing state systems. Please describe any high-level risks or constraints on the project, particularly pertaining to any budget or schedule constraint.

Click or tap here to enter text.

## K. Cost Savings / Performance Outcomes:

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

Click or tap here to enter text.

## L. Security and Backup / Disaster Recovery:

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

Click or tap here to enter text.

## M. Accessibility Compliance:

Describe the implementation plan for this capital IT project to meet statutory requirements regarding IT Accessibility from HB21-1110 and SB23-244. Per Section 24-85-103, C.R.S., OIT is statutorily obligated to set and maintain rules for accessibility standards for IT systems statewide. Note that there may be other federal laws requiring IT accessibility.

Click or tap here to enter text.