

Colorado Department of Higher Education

*FY 2026-27 Capital IT Scoring Appeal Request*

# Project Overview

|  |  |
| --- | --- |
| Institution Name: | Click or tap here to enter text. |
| Project Title: | Click or tap here to enter text. |
| Project Type: | Choose an item. |
| Name & Title of Preparer: | Click or tap here to enter text. |
| E-mail of Preparer: | Click or tap here to enter text. |

## 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 | Choose an item. |
| Other Fund Sources | Choose an item. |
| Quality of Planning/Proposal | Choose an item. |
| Achieves Goals | Choose an item. |
| Governing Board Priority | Choose an item. |

## B. Additional Information:

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

Click or tap here to enter text.

## C. Justification:

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

Click or tap here to enter text.