

Colorado Department of Higher Education

*FY 2024-25 capital IT supplemental 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. |
| Project Phase to be Modified (Phase \_of\_): | Click or tap here to enter text. |
| Project Type: | Choose an item. |
| Original Appropriation Year: | Click or tap here to enter text. |
| Supplemental Type | Choose an item. |
| Fiscal Year to be Modified: | Choose an item. |
| Intercept Program Request? (Yes/No): | Choose an item. |
| State Controller Project Number: | 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: |  |
| CDHE Signature Approval: |  |
| Revision (Yes/No) |  |
| Submittal Date: | Click or tap here to enter text. |

## A. Supplemental Criteria:

Describe how the supplemental meets the criteria required for submission. See instructions for further detail.

Click or tap here to enter text.

## B. Supplemental Justification:

Describe the problem along with the conditions leading to the necessity of this supplemental request and the proposed solution. See instructions for further details.

Click or tap here to enter text.

## C1. 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.

## C2. Prior Appropriations Summary:

## Provide a brief summary of any prior appropriations authorized by the general assembly for the same or similar activity or purpose. If a previous appropriation was authorized in any bill other than the most recent Long Bill, agencies shall provide that information to OSPB for validation and verification with the OSC, as necessary.

## Click or tap here to enter text.

## D. Summary of Funding Change:

Fiscal Year to be modified:

|  |  |
| --- | --- |
| **Fund Type** | **Total** |
| Capital Construction Fund (CCF) | $ |
| Cash Funds (CF) | $ |
| **Total CCF + CF** | **$** |

## E. Assumptions for Calculations:

Describe the calculations used to justify the funding amount requested in the Cost Summary. See instructions for further details.

Click or tap here to enter text.

## F. Consequences If Not Funded:

Explain the likely outcome if this request is not approved. See instructions for further details.

Click or tap here to enter text.

## G. Additional Request Information:

Provide any additional information necessary to explain the supplemental request fully. See instructions for further details.

* Does a new statutory mandate drive this request? Choose an item.
* Will this request require a statutory change? Choose an item.
* Is this a one-time request? Choose an item.

If you selected yes for any of the questions above, please provide additional information here: Click or tap here to enter text.