**STATE OF COLORADO**

**DEPARTMENT OF HIGHER EDUCATION**

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| --- | --- | --- |
| **FY 2023-24 SUPPLEMENTAL CAPITAL IT REQUEST- *NARRATIVE (S C\_IT-N)*** | | |
| **Capital Construction Fund Amount (CCF):** |  | |
| **Cash Fund Amount (CF):** |  | |
| Intercept Program Request? (Yes/No): |  | |
| Supplemental Type (Regular Supplemental /1331 Supplemental/Non-monetary Supplemental) |  | |
| Institution Name: |  | |
| Project Title: |  | |
| Project Phase (Phase \_of\_): |  | |
| State Controller Project Number  (if continuation): |  | |
| Project Type: |  | Technology Hardware |
|  | Technology Software |
| Original Appropriation Year: |  | |
| Fiscal Year to be Modified: |  | |
| Name & Title of Preparer: |  | |
| E-mail of Preparer: |  | |
| Institution Signature Approval: | Date | |
| CDHE Signature Approval: | Date | |
| Revision (Yes/No)  Submittal Date: | Date | |

**A. SUPPLEMENTAL CRITERIA:**

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

**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 detail.*

**C. PROJECT SUMMARY/STATUS:**

*Provide a brief scope description of the project and explain the status of the prior appropriated phases. See instructions for further detail.*

**D. SUMMARY OF FUNDING CHANGE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year to be Modified | Total Funds | Capital Construction Fund (CCF) | Cash Funds (CF) |
| FY20\_\_\_-\_\_\_ | $ | $ | $ |

**E. ASSUMPTIONS FOR CALCULATIONS:**

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

**F. CONSEQUENCES IF NOT FUNDED:**

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

**G. ADDITIONAL REQUEST INFORMATION:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Additional Request Information** | **Yes** | **No** | **Additional Information** |
| Is this request driven by a new statutory mandate? |  |  |  |
| Will this request require a statutory change? |  |  |  |
| Is this a one-time request? |  |  |  |