**STATE OF COLORADO**

**DEPARTMENT OF HIGHER EDUCATION**

|  |  |  |
| --- | --- | --- |
| **FY 2019-20 CAPITAL CONSTRUCTION/CAPITAL RENEWAL PROJECT REQUEST- *NARRATIVE (CC\_IT-N)*** | | |
| **Capital Construction Fund Amount (CCF):** |  | |
| **Cash Fund Amount (CF):** |  | |
| **Funding Type:** |  | |
| Intercept Program Request? (Yes/No): |  | |
| Institution Name: |  | |
| Project Title: |  | |
| Project Phase (Phase \_of\_): |  | |
| State Controller Project Number  (if continuation): |  | |
| Project Type: |  | Technology Hardware |
|  | Technology Software |
| Year First Requested: | FY 20\_\_\_ - \_\_\_ | |
| Priority Number  (Leave blank for continuation projects): | \_\_\_ OF \_\_\_ | |
| Name & Title of Preparer: |  | |
| E-mail of Preparer: |  | |
| Institution Signature Approval: | Date | |
| CDHE Signature Approval: | Date | |

**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 detail.*

**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 Funds (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 the project, phases, funding and any other information relevant to the project. Information should include Program Plan Status, IT Best Practices, and Implementation Plan. Include whatever pertinent material available to support the request.*

**D. PROGRAM INFORMATION:**

*Provide a description of the programs within the institution that will be impacted by this request.*

**E. CONSEQUENCES IF NOT FUNDED:**

*Provide a description of consequences if this project is not funded. See instructions for further detail.*

**F. ASSUMPTIONS FOR CALCULATIONS:**

*Describe the basis for how the project costs were estimated. See instructions for further detail.*

**G. OPERATING BUDGET IMPACT:**

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

**H. PROJECT SCHEDULE:**

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

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

**I. ADDITIONAL INFORMATION:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Three-year roll forward spending authority is required:** | | | | ❑ Yes ❑ No | | | |
| Date of project’s most recent program plan: | | | |  | | | |
| Link to the program plan or attach the document: | | | |  | | | |
| Date of most recent facility condition audit (if applicable): | | | |  | | | |
| Request 6-month encumbrance waiver: | | | | ❑ Yes | | ❑ No | |
| New construction or renovation: | | | | ❑ New | | ❑ Renovation | |
| ❑ Expansion | | ❑ Capital Renewal | |
| Total Estimated Square Footage: | | | | \_\_\_\_\_\_\_\_ ASF | | | \_\_\_\_\_\_\_\_ GSF |
| Is this a continuation of a project appropriated in a prior year: | | | | ❑ Yes ❑ No | | | |
| State Controller Project Number (if continuation): | | | |  | | | |
| **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. COST SAVINGS / IMPROVED PERFORMANCE OUTCOMES:**

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

**K. SECURITY AND BACKUP / DISASTER RECOVERY:**

*Describe the data protection and disaster recovery considerations factored into the plan.*

**L. 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.*