John W. Hickenlooper

Governor

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Signature Date

Name of Institution of Higher Education

***FY 2017-18 Capital Construction Request | [month/day/year]***

***Institution Capital Construction Priority: xx***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Summary of Capital Construction Request** | **Total Funds** | **CCFE** | **Cash**  **Funds\*** | **Federal**  **Funds** |
| **FY 2017-18** | **$x,xxx,xxx** | $x,xxx,xxx | $x,xxx,xxx | $x,xxx,xxx |
| **FY 2018-19** | **$x,xxx,xxx** | $x,xxx,xxx | $x,xxx,xxx | $x,xxx,xxx |
| **FY 2019-20** | **$x,xxx,xxx** | $x,xxx,xxx | $x,xxx,xxx | $x,xxx,xxx |
| *\*For Higher Education institutions, please make a notation here if the institution is participating in the Intercept Program.* | | | | |

**Request Summary:**

[Type *one paragraph* to describe the amount of the request and the construction project itself.]

**Project Description:**

[Include *as many paragraphs as necessary* to describe the project. For construction projects, this would include the amount of space needed, the types of rooms or equipment included in the request, and similar items.]

*[Please note in this section if this request represents a continuation from a project appropriated in a previous year.]*

**Background and Justification:**

[Include *as many paragraphs as necessary* to describe the conditions leading to the necessity of this capital request. This includes a description of why current buildings or systems have become inadequate for programmatic use, and a description of the programmatic necessity of capital construction or improvement.]

*[If this facility has been given a “Facility Condition Index Score,” please include a description of that score in the most recent year of assessment in this section.]*

**Life Cycle Cost (LCC) Analysis:**

[Identify the feasible project alternatives and common assumptions and parameters for the economic evaluation of the alternatives (i.e. weighing the benefits and costs of building a new facility versus; re-use of an existing occupied or vacant facility through renovation/capital renewal, purchasing an existing facility or leasing third party space to meet the project needs, and how this project aligns with the agency’s facilities master plan and facility program plan). Please describe each alternative, the total estimated life-cycle costs of the alternatives, and provide a present value comparison of the alternatives. Assume that the total life cycle cost is the total project cost plus owning and operating costs over a study period of thirty years. As applicable; indicate how this request would reduce the agency’s Controlled Maintenance backlog (i.e. incorporating identified projects on the agency’s Controlled Maintenance Five Year Program Plan and or through deficiencies identified through the Facility Condition Audit).]

**Consequences if not Funded:**

[Include as many paragraphs as necessary to explain the likely outcome if this request is not approved.]

**Operating Budget Impact:**

[As necessary and appropriate, include a discussion of how this project will affect operating appropriations in the department. If you have an operating budget impact, please submit a corresponding operating budget request. This includes a discussion of any appropriation increases or decreases necessary to provide for building or system maintenance, increases or decreases in FTE, and the anticipated time line for operating impacts.]

**Assumptions for Calculations:**

[In as many paragraphs and tables as necessary, include descriptions of the calculations used to justify the amount requested. Descriptions of assumptions and calculations should include:

* Estimated expenditures for land purchases;
* Estimated expenditures for professional services;
* Estimated expenditures for construction;
* A list of equipment and furnishings, including estimated prices;
* Calculations for art in public places, as necessary;
* Inflation assumptions by year and component;
* A discussion of costs associated with High Performance Certification Program (HCHP), or LEED certification, and the target certification level. If HPCP certification will not be pursued, please provide an explanation as to why the project is exempt from this requirement; and
* Other details as necessary.]

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| --- | --- | --- | --- | --- | --- | --- |
| **B. Additional Request Information** | | | | | | |
|  | | | | | | |
| **Please indicate if three-year roll forward spending authority is required.** | | | ❑ Yes ❑ No | | | |
| Date of project’s most recent program plan: | | |  | | | |
| Please provide the link to the program plan or attach the document: | | |  | | | |
| 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 | |
| If this is a continuation project, what is the State Controller Project Number? | | |  | |  | |
|  | | |  | |  | |
|  | | |  | |  | |
| **C. 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** |  |  | |  | |  |

|  |  |  |
| --- | --- | --- |
| **D.** **Estimated Project Schedule Table** | | |
| **Steps to be completed** | **Start Date** | **Completion Date** |
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| **E. Cash Fund Projections (delete if not applicable)** | | | | |
| Cash Fund name and number: | |  | | |
| Statutory reference to Cash Fund: | |  | | |
| Describe how revenue accrues to the fund: | |  | | |
| Describe any changes in revenue collections that will be necessary to fund this project: | |  | | |
| If this project is being financed, describe the terms of the bond, including the length of the bond, the expected interest rate, when the agency plans to go to market, and the expected average annual payment (delete row if unnecessary): | |  | | |
| **FY 2014-15 Actual**  **Ending Fund Balance** | **FY 2015-16 Projected**  **Ending Fund Balance** | | **FY 2016-17 Projected**  **Ending Fund Balance**  **with Project Approval** | **FY 2017-18 Projected**  **Ending Fund Balance**  **with Project Approval** |
| **$** | **$** | | **$** | **$** |