OSA Annual Budget Submission
& Annual Forms Instructions
March 2023

Introductions

Cheri Gerou, State Architect

Bailey Vigil, Buildings GHG Emissions Analyst

Cameron Kennedy, Manager, Real Estate Program

James Walker, Manager, Statewide Planning Program

Kathy Miller, Apprenticeship and Prevailing Wage Analyst

Rod Vanderwall, Manager, Energy & Environment Program

Tana Lane, Manager, State Buildings Program

Vacant Positions:
Payroll Specialist
Senior Planner
Real Estate Specialist
Administrative Assistant

Instruction Updates

- Critical Dates (Refer to Section 1.9 of the Budget Instructions)
  - May 5
    - Last date for **Executive Departments** to submit new or updated FPP's to OSA for current year CC project requests.
  - May 1 ??
    - OSA visits start
  - June 30
    - All OSA visits completed

  - July 3
    - Due date for **Executive Department's CCCR** forms to OSA
  - July 9
    - Due date for **ALL** Annual and **CM** forms to OSA

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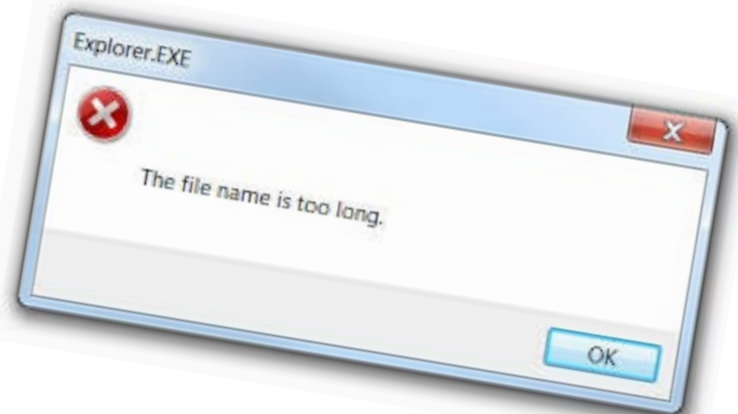
Naming Files for Submittals

- File Naming Requirements
  - \<Agency>\<FY##-##>\<Form ID>\<Priority #>\<Short Project Name>
  - Examples in the following charts

- File names should not be more than 70 characters, including spaces
  - **Project File names should be short or abbreviated** *(Caution: Folders and subfolder names will effect the file name length i.e. Google files can be lengthy if the files are in folders, a long file name can corrupt the file causing a failed transfer to an OSA drive)*
  - No underscores, symbols or dashes (except in the Fiscal Year)
  - No password protected files
  - Revised forms should be identified at the end of the file name with R1, R2 and so on

- **Files will be rejected if not named according to OSA guidelines**

Explorer.EXE

The file name is too long.

OK

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Form Updates

- Forms will be modified yearly by OSA
  - Use **new forms and in the form**
    - **BLUE text** = Changes
    - **RED** text = Important note
  - Colored header in the forms
    - FY24-25 are **PURPLE**
  - **Failure to use new forms will cause documents to be rejected**

- Completed forms and revisions **must** be sent to *OSA at **dpa.statebuildings@state.co.us** and the agency's OSA representative*

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Form Updates

- In addition to submitting all forms to OSA, **Executive Departments** shall also send CCCR forms to OSPB at gov_ospb_capital@state.co.us as indicated within Section 1.7 of the OSA instructions.

- For Executive Departments not including both OSA and OSPB may result in the CCCR project request being <u>rejected or overlooked.</u>

- Institutions of Higher Education may find CCCR forms and instructions at https://highered.Colorado.gov/capital-construction
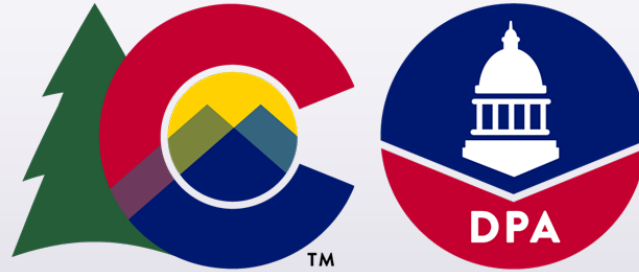
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OSA Asset Management Strategy Plan

A. **AGENCY / INSTITUTION PLANNING DOCUMENTS**

Indicate the ongoing effort or status of the agency's/institution's recent planning documents. Add rows as needed.

- **1. OPERATIONAL PLANNING DOCUMENTS**
- **2. FACILITIES PLANNING DOCUMENTS**
- The following items could be part of the Facilities Master Plan or individual plans/reports. Refer to the list of definitions on the State Architect's webpage for

Type	Completion Date	Included w/ Master Plan Y/N?	Status / Report Cycle
Facilities Master Plan(s)			
Facility Program Plan(s)			
Space Planning			
Building Condition Audit(s)			
Infrastructure Assessment(s)			
Accessibility Planning			
Energy Management Plan(s)			
Hazardous Material Survey(s)			
Resilience Planning			
Security Planning			
Water Management Plan(s)			
Other			

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OSA CCCR Status Report Form

FY2024-25 Capital Construction Capital Renewal Project - Status Report (OSA CCCR SR)													
(A) Agency/Institution:							(B) OSA Delegate					Date	
(1) Project Number	(2) Project Title, Phase	(3) CCF Appropriation ($)	(4) Other Funds ($)	(5) Date Funds Available	(6) Dollars Committed /Contract Totals ($)	(7) Dollars Approved /Pay Application Totals ($)	(8) HPCP Goal and Registration Date	(9) Project Delivery Method	(10) Date of Notice of Substantial Completion (SBP-07)	(11) Exhibit L1 Code Compliance Date	(12) Exhibit L2 (SC-4.1) Date	(13) Status	(14) Notes

No changes, BUT some important reminders:

1. One row per fiscal year of funding for each project.

2. For multi-phased projects, sort by oldest FY as first row for the phases.

3. Project Title SHALL be as indicated in the Long Bill or as OSA has determined is the official name, NOT the name as submitted on the project request. Use (14) Notes for a name change

4. For Long Bill funded projects, DON'T edit the original (3) CCF Appropriation value.

5. If the project receives a supplemental, enter the supplemental information on a separate row.

6. **For self funded projects**, $2M or more, please provide one (1) Project number to help track the project.

7. Do not forget to confirm that all new projects from the current Long Bill or if approved in a separate legislation bill are include in the spreadsheet. Update the status on these project too.

8. Column 8, Indicate the HPCP goal and actual or anticipated registration date.

9. Check the dates on Column 11 and 12. **If these are still anticipated dates, then these dates should be after 7/1/2023.**

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OSA CM Status Report Form

**FY2024-25 Controlled Maintenance Project - Status Report (OSA CM SR)**
	(A) Agency/Institution:				(B) OSA Delegate Signature/Date:				Date
(1) Project Number	(2) Project Title, Phase	(3) CCF Appropriation ($)	(4) Other Funds ($)	(5) Date Funds Available	(6) Dollars Committed/ Contract Totals ($)	(7) Dollars Approved /Pay Application Totals ($)	(8) Project Delivery Method	(9) Date of Notice of Substantial Completion (SBP-07)	(10) Exhibit L1 Code Compliance Date	(11) Exhibit L2 (SC-4.1) Date	(12) Status	(13) Notes:

No changes, BUT some important reminders:

1. For all projects, one row per fiscal year of funding.

2. For multi-phased projects, sort by oldest FY as first row for the phases.

3. Project Title SHALL be as indicated in the Long Bill or as OSA has determined is the official name, NOT the name as submitted in the project request.

4. If the project receives either transfer funds out or in, DON'T change the (3) Appropriation value. In the Notes column, add a short note as indicated in the instructions.

    Example: $123,456 to 2012-012M14 and Transferred $123,456 from 2016-011M14.

5. Do not forget to check that all new projects from the current Long Bill are include in the spreadsheet.

6. Check the dates on Column 10 and 11 If these are still anticipated dates, then these dates should be after 7/1/2023.

7. If OSA has approved a closeout form there will be an "A" before the month/year. If there is not an "A" but you have submitted it, then it has been rejected and there was an email sent regarding the rejection.

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Building Inventory / Infrastructure / Water List Form

The Building Inventory / Infrastructure from consists of five tabs within the one spreadsheet.

Tab Title	Description of Tab
Bldg - Infra Summary	Summary table of the building and infrastructure information. Does not include information from the Potable Water and Non-Potable Water tabs.
Building Inventory	Information on all owned buildings and vertical structures.
Infrastructure Listing	Information on own infrastructure.
Potable Water	Information on owned land that is maintained with potable water.
Non-Potable Water	Information on owned land that is maintained with non-potable water.

OSA sent out the Potable Water and Non-Potable Water spreadsheet in November to provide sufficient time for data collection. OSA has since combined all forms into a single spreadsheet. Please copy the information that was collected for the Potable Water and Non-Potable Water spreadsheet into the Building Inventory / Infrastructure / Water Report appropriate tab. Land owned that is still in a natural state and therefore not either irrigated or considered xeriscape is only listed in the infrastructure tab.

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BI Form, Building Tab

			(4)	(5) Non-	(6) Vacant /	(7) C.R.V.	(8)	(9) Date	(10)	(11) F.C.I.	(12) F.C.I.	(13)	(14)	(15)	(16)	(17)	(18)	(19) Current EM

FY2024-25 Building Inventory (OSA BI)

(A) Agency/Institution:																		
(1) Building Name	(2) Div. of Risk Man. Number	(3) Occupancy Type	(4) Academic or General Fund G.S.F.	(5) Non-Academic or Non-General Funded G.S.F.	(6) Vacant / Not Utilized G.S.F.	(7) C.R.V.	(8) Date Built	(9) Date Acquired	(10) Date of Facility	(11) F.C.I. (Reported) R/FCI	(12) F.C.I. (Target) T/FCI	(13) Calculated Deficiency	(14) Targeted Improvement	(15) Targeted Deficiency	(16) Building Code Deficiencie	(17) Current CCCR Project	(18) Current CM Project	(19) Current EM Projects
												$ -	$ -	$ -				
												$ -	$ -	$ -				
												$ -	$ -	$ -				
		(20) Totals	-	-	-	$ -								$ -	$ -			

No changes, BUT
- <u>Do Not Link Any Data in the Bi Form to Other Agency/IHE Maintained Spreadsheets.</u>
- Only enter Building information, never infrastructure information. If there are buildings on the land, enter the building information, but enter the infrastructure information on the correct tab.

1. If the building name is changed or is a new building, please add a comment in the (1) Building Name column.

2. If a building no longer exists for whatever reason, please cut/paste the row with it's information below the totals.

3. For columns 4, 5, and 6, leave BLANK if there is no information. Don't enter a ZERO.

4. The GSF information in column (6) Vacant building should also be in columns 4 or 5.

5. Column (9) Date Acquired. Only enter information if <u>different</u> than (8) Date built.

6. Columns (10) Date of Facility Audit and (11) F.C.I. value should both be filled in together.

7. Columns 16, 17, 18. Only enter the project number and appropriation dollar amount.

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BI Form, Infrastructure Tab

					FY2024-25 Infrastructure Listing (OSA BI)							
(A) Agency/Institution:												
(1) Infrastructure Name	(2) Infrastructure Type	(3) Location (above or below) ground	(4) Size in G.S.F.	(5) Measurement in Linear Feet	(6) Infrastructure System Value	(7) Date Built	(8) G.F. / Academic Funded Maintenanc	(9) Date of Infrastructure Assessment	(10) Infrastructure Estimated Deficiency	(11) Current CCCR Projects	(12) Current CM Projects	(13) Current EM Projects
		(14) Totals	-	-	$ -				$ -			

No changes, BUT

1. For columns 4, 5, and 6, leave BLANK if there is no value. Don't enter a ZERO.

2. Only enter infrastructure information, never building information. If there are buildings on the land, enter the building information on the building tab.

3. All owned land is listed here and if the land is irrigated or consider xeriscape is ALSO list in the appropriate following Potable Water or Non-Potable Water tab.

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BI Form, Potable Water Tab

FY2024-25 ASSET LANDSCAPE POTABLE WATER

If your agency/IHE uses potable water to irrigate the landscape, then fill out the information on the "Potable Water" tab of the spreadsheet. If your agency/IHE uses non-potable water to irrigate the landscape, then fill out the information on the "Non-Potable Water" tab of the spreadsheet. If your agency/IHE uses both potable and non-potable water to irrigate the landscape, then fill out each tab with the appropriate information. Not all columns for the "Non-Potable Water" tab will apply as they do for the "Potable Water" tab. Please refer to the "Non-Potable Tab" column in these instructions to fill out the appropriate columns in the tab.

Do not enter "zero" (0) if the cell holds no information. For the purposes here, xeriscape is defined as a style of landscape design requiring little or no irrigation or other maintenance.

BI Form, Non-Potable Water Tab

FY2024-25 ASSET LANDSCAPE NON-POTABLE WATER

Potable Tab	Potable Water and Non-Potable Water Instructions	Non-Potable Tab
Column A:	**Unique Identifier**	
	Enter a unique identifier, either a campus name or other name as associated to the meter or a single source of water.	
Column B:	**Area (SF) of Irrigated Landscape (OR):**	
	Enter square footage (SF) of irrigated landscape. (enter acre in next column)	
---	---	
---	---	
Column E:	**Water Features:**	**Not applicable**
	Enter ALL water features that are present on campus including ponds, pools, fountains, water gardens, etc.	
Column F:	**Water Features Metered (Y/N):**	**Not applicable**
	Enter either "Yes" or "No" to indicate if the listed water features are metered.	

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Vacant Facility Form

Only fill out if there is a change in the status of the facility or a new vacant facility needs reported.
You may want to reference the Annual Report on the OSA website to verify correctness of the information.

Acquisition and Disposition Form

FY2024-25 ACQUISITION AND DISPOSITION OF STATE PROPERTY REPORT (OSA AD)

1) AGENCY / INSTITUTION:
2) SUBMITTAL DATE:
3) OSA DELEGATE NAME:
4) OSA DELEGATE EMAIL:

TRANSACTION SPECIFIC INFORMATION

5) FACILITY NAME:

6) PROPERTY ADDRESS:

7) COUNTY PARCEL NUMBER:

8) PROPERTY USE (Please Check Below):
☐ Office ☐ Retail ☐ Warehouse ☐ Classroom
☐ Land ☐ Other (Explain)

9) TRANSACTION AMOUNT (Amount Property Sold for):

10) WAS AN APPRAISAL CONDUCTED ON THE PROPERTY:
☐ Yes ☐ No

11) IF YES, WHAT WAS THE VALUE:

12) IF YES, WHEN WAS IT DATED:

13) WAS AN EPA PHASE I ENVIRONMENTAL SURVEY DONE ON THE PROPERTY: ☐ Yes ☐ No

14) IF YES, WHEN WAS IT DATED:

15) IF YES, WAS ANY REMEDIATION REQUIRED TO BE COMPLETED (Explain and indicate if completed):

16) WAS AN ALTA SURVEY DONE ON THE PROPERTY:
☐ Yes ☐ No

17) DOES THE FACILITY HAVE FEDERAL OR STATE HISTORICAL DESIGNATION:
☐ Yes ☐

18) TRANSACTION DATE:

19) WAS THE TRANSACTION AN
☐ Acquisition OR ☐ Disposition

20) TOTAL PARCEL SIZE (Acres):

21) TOTAL BUILDING SIZE (Square Feet):

22) YEAR BUILT:

23) AGENCY IDENTIFICATION NUMBER:

24) WAS DPA RISK MANAGEMENT OR INSTITUTION OF HIGHER EDUCATION RISK MANAGEMENT INFORMED OF THIS TRANSACTION:
☐ Yes ☐ No

25) RISK MANAGEMENT IDENTIFICATION NUMBER:

26) RISK MANAGEMENT INSURED VALUE:

PROPERTY / FACILITY SPECIFIC INFORMATION

27) HAS THE FACILITIES MASTER PLAN BEEN UPDATED IN REGARD TO THIS TRANSACTION:
☐ Yes ☐ No

28) DATE OF UPDATED FACILITIES MASTER PLAN:

29) WHAT RECOMMENDATIONS DID THE FACILITIES MASTER PLAN HAVE IN REGARD TO THIS TRANSACTION:

30) FACILITY PART OF A LARGER CAMPUS: ☐ Yes ☐ No

31) SERVED BY CENTRAL UTILITY SYSTEM: ☐ Yes ☐ No

32) DOES THE FACILITY HAVE IT'S OWN DEDICATED INGRESS AND EGRESS FOR VEHICLES (not driving through a campus): ☐ Yes ☐ No

33) IS PARKING INCLUDED: ☐ Yes ☐ No

34) ANY LIFE-SAFETY CONDITIONS OR HAZARDOUS MATERIALS PRESENT: ☐ Yes ☐ No (If yes please list)

35) ATTACH COPY OF PURCHASE OR SALE, IMPROVEMENTS AND DEED.

- *Required with all other forms in July. This is to record/inform after the acquisition or disposition of a building or property.*
- *A request to acquire or dispose of a building needs to use the CC request form and discuss with the Real Estate program on the proper information for the project.*
- *Reported on a FY basis.*

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High Performance Certification Program

A) PROJECT INFORMATION:				
1) Project Name				
2) Registered Building Name				
3a) Project Number / b) Size / c) Budget		(b)		(c)
4a) Building Classification / b) Type		(b)		
5a) Date Project Registered / b) Certified:		(b)		

- *Required with all other forms in July.*
- *Only change is to enter the assigned project number or other project number as indicated in the CCCR status report.*

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Transmittal Form, Annual Reporting Forms Table

C. ANNUAL FACILITY MANAGEMENT REPORTING FORMS [1], [3]:			Yes, No. or N/A
OSA AMSP	Asset Management Strategy Plan	Required	
OSA CCCR SR	Capital Construction/Capital Renewal Project - Status Report	Required	
OSA CM SR	Controlled Maintenance Project - Status Report	Required	
OSA BI	Building Inventory Report	Required	
OSA K	Action Plan for Code Compliance, Exhibit K	Required	
OSA VFMP	Vacant Facility Management Plan(s)	Quantity [2]	
OSA AD	Acquisitions and Dispositions Report	As Applicable	
OSA EPC	Energy Performance Contract Report	As Applicable	
OSA HPCP	High Performance Certification Program	As Applicable	
Photographs	Photographs shall be submitted individually in either JPEG or PDF format AND named appropriately per project. Photographs may be grouped by project.	Quantity [2]	

[1] Electronic submission required for all documents.
[2] Provide project request pictures/drawings in separate JPEG or PDF format, even if the photographs/drawings are embedded in request narrative.
[3] Documents are to be submitted in the annual budget request submittal process to OSA, whether or not and CCCR or CM projects are requested

Indicate the *Quantity* of forms
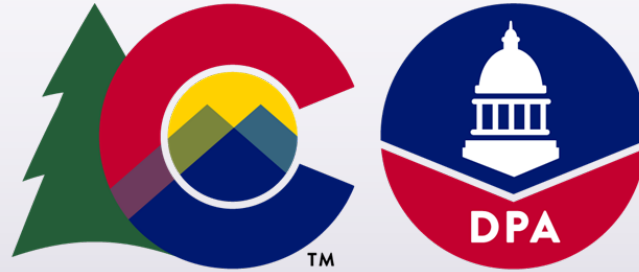
OSA Training: Controlled Maintenance (CM) Forms (Section 3 of Instructions) March 2023

CM Five Year Plan

Controlled Maintenance Project Request - Five Year Plan FY2024-25 to FY2028-29 (CM 5P)											
(A) **Agency/Institution:**					(B) **Agency/Institution Signature Approval:**						Date
(C) **OSA Delegate Signature:**				Date	(D) **OSA Review Signature:**						Date

(1) Agency / Institution Priority #	(2) Project M # (if continuation)	(3) CM Category	(4) Project Title	(5) No. of Phases	(6) Total Project Cost	(7) Prior Appropriation	(8) FY24/25 Budget Request	(9) FY25/26 Budget Request	(9) FY26/27 Budget Request	(9) FY27/28 Budget Request	(9) FY28/29 Budget Request
					$ -						
					$ -						
					$ -						
				(10) Totals for each Fiscal Year			$0	$0	$0	$0	$0
				(11) Grand Total of the Five Year Plan		$0					

<u>All phase of a projects SHALL be on one row.</u>

1) Enter the Agency/Institution Priority Number for this year. Future years are not required, but acceptable.

2) Enter ONLY assigned project "M" number for a FUNDED project. Don't enter any internal number.

3) Enter only one category based on the MOST important category determined by cost.

4) Enter only the PROJECT TITLE. <u>Never enter project phase information, long project titles.</u> Title SHALL match the narrative form, cost estimate form, and summary form.

5) New - Indicate the Number of Phase for this project. (blue arrow)

6) Sum the values of all prior funded, existing, and future phases. If the future phases extend beyond the five year column (11), it is OK to add information outside the print area to enter the total of all phases beyond five years to calculate the Total Project Cost.

7) Enter the total of all prior appropriations related to this funded "M" project. Don't enter information from other closed projects that might be related to this project.

8-9) **Enter WHOLE NUMBERS for each phase. NO links to other spreadsheets. No ZEROS.**

CM Project Request - Summary

FY2024-25 Controlled Maintenance Project Request - Summary (CM S)							
(A1) Agency/Institution Name:					(A2) Agency/IHE GSF		Date
(B) OSA Delegate Signature:							
(C) OSA Delegate Name:							
(D) Agency/Institution Signature Approval:							Date
(1) Agency / Institution Priority #	(2) Project M# (if continuation)	(3) PROJECT TITLE and PHASE	(4) Project Cost $	(5) Operational Criteria	(6) Priority Multiplier (PM)	(7) Critical Index (CI)	(8) Project Score (PS)
		(a) TITLE					
		(b) Phase of					
		(c) Total Project Cost:					
		(d) Prior Appropriation:					
		(e) Current Year Request:					
		(f) Project Balance:	$ -				
		(a) TITLE					
		(b) Phase of					
		(c) Total Project Cost:					
		(d) Prior Appropriation:					
		(e) Current Year Request:					
		(f) Project Balance:	$ -				
		(a) TITLE					
		(b) Phase of					
		(c) Total Project Cost:					
		(d) Prior Appropriation:					
		(e) Current Year Request:					
		(f) Project Balance:	$ -				
		(a) TITLE					
		(b) Phase of					
		(c) Total Project Cost:					
		(d) Prior Appropriation:					
		(e) Current Year Request:					
		(f) Project Balance:	$ -				
		(a) TITLE					
		(b) Phase of					
		(c) Total Project Cost:					
		(d) Prior Appropriation:					
		(e) Current Year Request:					
		(f) Project Balance:	$ -				
		(9) Current-Year CM Total	$ -				

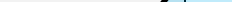- Enter the General Fund or Academic Fund GSF.

- Enter the Operation Criteria

- Enter the Priority Multiplier.

- Enter only This Year's Request. Title and Phase should match the Narrative form.

- Enter only "M" project numbers. Never internal tracking values.

- Don't forget to add your agency or institution's priority number.

- If the Project includes CCF and another fund source, Call OSA on how to create form.

CM Narrative, Page 1

FY2024-25 CONTROLLED MAINTENANCE PROJECT REQUEST – NARRATIVE (CM N)			
A	(1) Project Title:		
B	(1) Agency/Institution Name:	(2) Project Phase (Phase _ of _):	
C	(1) OSA Delegate Signature:	(2) State Controller Project #: (if continuation)	
D	(1) Agency/Institution Signature Approval:	(2) Date:	
E	(1) Agency/Institution Priority Number:	(2) Revision Date:	
F	(1) Total Project Cost:	(2) Cost of Current Year:	

A. PROJECT – BUILDING and INFRASTRUCTURE PROFILE:

1) Building – vs – Site: [ ] Building(s) [ ] Historical Designated project [ ] Site (Utilities underground) [ ] Site (Improvements above ground)

2) Building Information:

a) Building Name	b) DPA Risk Management or IHE Building ID#	c) Gross Square Feet (GSF)	d) Current Replacement Value (CRV)	e) Date Built (YYYY)	f) Reported FCI	g) Projected FCI

3) Facility Status - Check appropriate boxes:
   a) [ ] Facility 'useful' life is more than five (5) years.
   b) [ ] Major facility changes, renovations, or program revisions are ongoing or anticipated in the next five years. If yes, please explain in the Project Request Information section below if these facility renovations or program revisions may have an impact on this CM request.

4) History of Appropriated Projects funded with controlled maintenance, capital renewal, capital construction, emergency CM repairs, or cash funds completed within the last fifteen (15) years, operational funds expended in the last five (5) years, or ongoing projects that can be associated with either this CM building or infrastructure request.

Project No.	Project Title	Project Cost $	Completion date or status

B. PROJECT REQUEST INFORMATION:

1) Description of CM Problem:

- Be sure to note the revision date if revising (content, CM CS).

- Added "Historical .." to the Building Information table.

- The Description needs to be sufficient to completely understand the <u>problem</u>. It shouldn't be too brief, but should define the problem.

- The description needs to explain the current <u>problems</u>, how it affects the operation criteria, code deficiencies, ability to purchase replacement parts, and age of the system/components, etc.

- Solutions and Consequences should be noted later on the form.

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CM Narrative, Page 2

2) Description of CM Solution, by Phase:

3) Consequences (cost effects, program impacts, facility impacts, etc.) of not funding and justifying this specific project request:

4) Facility Condition Audit (Mandatory) - Include documentation from most recent building condition audit or infrastructure assessment.

5) Supporting Documents (Mandatory) - Include site maps for any infrastructure project request. Include photographs, drawing, and any other supporting documents – AS SEPARATE DOCUMENTS (files).

6) Impact on FCI or infrastructure. Explanation of how this project will improve the building(s) facility condition index (FCI) or improve a specific infrastructure system. Provide new FCI achieved after completion of the project.

7) Building Life Cycle Cost (BLCC) Worksheet - Explain the alternatives reviewed to determine the least costly total life time cost of the proposed solution. Attach CM BLCC Worksheet.

- Description of the **Solution** by phase. Include what components or buildings will be completed per phase. Update the phased work based on appropriated funds and that scope of work.

- **Consequences**: Indicate how the problem impacts the ability of your agency/school to deliver the programs within the facility, on-going maintenance cost or emergency repairs because of the failing systems.

- BLCC: For applicable requests, indicate how the BLCC worksheet determined the final solution. Do not leave #7 blank.

CM Narrative, Page 3

C. DETAILED COST ESTIMATE:
(Provide details by funding phase on the Controlled Maintenance Project Request-Cost Summary (CM CS) spreadsheet, one phase per tab, include all funding phases)

File name of spreadsheet with the Cost Estimate Information:
Explain method of establishing cost estimate, and Date of the Cost Estimate:
Provide justification for the inflation value as indicated on the Controlled Maintenance Project Request-Cost Summary (CM CS) spreadsheet for each funding phase:

D. PROJECT PHASING COST INFORMATION (from CM Cost Summary CM CS form):

PRIOR FUNDED PHASES[1]

Project Number:	Fiscal Year	Phase or Phases of Work	Dollar Amount (Actual Appropriation)
	FY 2020/2021		
	FY 2021/2022		
	FY 2022/2023		
	FY 2023/2024		
		(Subtotal)	$

COST OF CURRENT PHASE[2]

Project Number:	Fiscal Year	Phase of Work	Cost of Current Phase (Per CM CS)
	FY 2024/2025		

FUTURE PHASE(S) FUNDING[3]

Project Number:	Fiscal Year	Phase or Phases of Work	Project (Phase) Total Cost (Per CM CS)
	FY 2025/2026		
	FY 2026/2027		
	FY 2027/2028		
	FY 2028/2029		
		(Subtotal)	$

TOTAL PROJECT DOLLAR AMOUNT	$
(All Prior, Future Phases subtotals and Current Dollar amount)	

[1] List all previous funded phases with actual appropriation by year (include federal funding). Note if different from requested amount.
[2] List cost of current phase estimated from the CM Cost Summary (CM CS).
[3] List all planned future phases with estimated costs as indicated in the CM Cost Summary (CM CS).

E. PROPOSED PROJECT IMPLEMENTATION SCHEDULE (PLAN):

PHASE	Start Date	Completion Date
1) Pre-Design (Insert Dates)		
2) Design (Insert Dates)		
3) Construction (Insert Dates)		
4) Project Close-out/Final Completion (Insert Dates)		

- Do not leave the Cost Estimate or inflation justification blank. <u>Provide estimates with the Estimate</u>

- Prior Funded Projects: Enter information for only funded phases for this project.

- Proposed Project Schedule: OSA needs to see how it may impact the ability to complete this project. Don't add additional project milestones.

- Project Implementation Schedule should consider when funds will be released. Factor in any internal processes that affect each phase.

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CM Cost Summary

FY2024-25 CONTROLLED MAINTENANCE PROJECT REQUEST - COST SUMMARY (CM CS)				
A	Project Title:			
B	Agency/Institution:			
C	(1) Project Phase:	(2) State Controller Project #:		
D	Revision Date:			Date
	Professional Services			Cost ($)
1	Site Surveys, Investigations, and Reports:			
2	Arch/Eng/Basic Services:			
3	Code Review/Inspection:			
4	Other (Explain):			
5	Inflation Percentage/dollar amount: (This Phase)		0%	
6	**Total of Professional Services:**			$0
	Construction Improvement *(by CSI Division format), (insert additional rows as necessary) (attached updated detailed cost estimate)*			
	WORK ITEM (Labor/Material/Equipment)	QUANTITY (sf, cf, lf, etc.)	UNIT COST ($/unit)	EXTENDED COST ($)
7	Infrastructure, Utility Services:			
8	(Specify)			$0
9	(Specify)			$0
10	Infrastructure, Site Improvements:			
11	(Specify)			$0
12	(Specify)			$0
13	Structure/Systems/Components:			
14	(Specify)			$0
15	(Specify)			$0
16	(Specify)			$0
17	Other (Explain Below):			
18	(Specify)			$0
19	(Specify)			$0
20	Prevailing Wages:			
21	**Accessibility**			
22	Contractor's General Conditions:		0%	
23	Contractor's Overhead & Profit:		0%	
24	Inflation Percentage/Dollar Amount (This Phase):		0%	
25	**Total of Construction Improvement Costs:**			$0
	Miscellaneous Costs *(List Items)*			
26	(Specify)			
27	(Specify)			
28	**Total of Miscellaneous Costs**			$0
	Project Contingency			
29	Calculate contingency percentage for total of professional services, construction improvements, and miscellaneous costs at 10%.			$0
	Cost of Current Phase			
30	Total cost of the Project (or this phase if multi-phased project) = all professional services, construction improvements, miscellaneous costs, and contigency. (Copy this amount to OSA-CMPRN, Section D, Project Phasing Cost Information tables, per Fiscal Year)			$0
	Project Summary			
31	Total square feet/lineal feet of CONSTRUCTION IMPROVEMENT area:			
32	Overall cost per square foot/lineal foot of CONSTRUCTION IMPROVEMENT area:			
33	*TOTAL PROJECT COSTS for All PHASES* (Updated automatically)			$0

Note: Agency or Contractor Cost Estimates shall accompany this page.
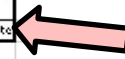
- If submitting a revision, be sure to note the revised date.

- Submit any estimates received and reference in the (Specify) lines. No need to copy the estimate line-by-line.

- Line 20: all new projects over $500K should have Prevailing Wage (PW) in their budgets.

- Older estimates may have PW broken out of the construction cost.

- New requests should have PW included in the construction cost.

- Line 21: Include the 1% Accessibility cost

- Line 31: The square footage is often helpful in considering the value of the work – please don't leave it blank unless it isn't tangible.
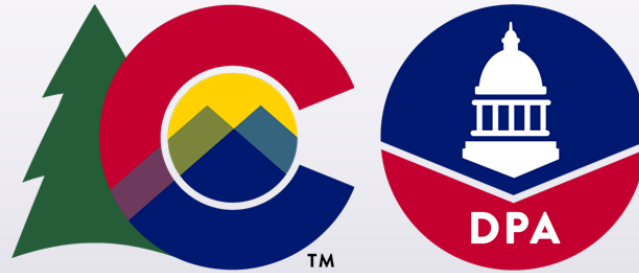
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Transmittal Form, CM Table

B. CONTROLLED MAINTENANCE BUDGET REQUEST FORMS [1]:			Yes, No. or N/A
CM 5P	Controlled Maintenance Project Request - Five Year Plan	Required [3]	
CM S	Controlled Maintenance Project Request - Summary	Required [3]	
CM N	Controlled Maintenance Project Request - Narrative	Quantity [2]	
CM CS	Controlled Maintenance Project Request - Cost Summary	Attached to CM N form	
Photographs	Photographs shall be submitted individually in either JPEG or PDF format AND named appropriately per project. Photographs may be grouped by project.	Quantity [2]	

[1] Electronic submission required for all documents.
[2] Provide project request pictures/drawings in separate JPEG or PDF format, even if the photographs/drawings are embedded in request narrative.
[3] Documents are to be submitted in the annual budget request submittal process to OSA, whether or not and CCCR or CM projects are requested.

- Five Year Plan required every year. Even if there is no CM request this current year.

- The Summary is not required if there is no CM request this current year.

- For the Narrative and the Cost Summary, indicate in the Y/N/NA column, the number of projects being request this year. The number should match the number of projects on the CM-Summary and the CM Five Year plan. (i.e. Y-3)

- Photographs Y/N/NA should only be indicated as N/A if previously submitted photos were acceptable by OSA. Re-sending photos is not a problem.

OSA Training: Capital Construction & Capital Renewal (CCCR) Forms (Section 2 of Instructions) March 2023

CCCR Five Year Plan

| Capital Construction Capital Renewal Project Request - Five Year Plan | | | FY2024-25 to FY2028-29 | | | | (CCCR 5P) |

				(2) **Principle Representative Signature:**		Date:
(A)	(1) **Agency:**					
(B)	(1) **OSA Delegate Name:**			(2) **Agency Revision Date:**		Date:

	GRAND TOTALS	(b) Total Project Cost	(c) Total Prior Appropriation	(d) Current Year	(e) Year Two	(f) Year Three	(g) Year Four	(h) Year Five
(C)	Capital Constr 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
	Highway Users (HUTF)	$0	$0	$0	$0	$0	$0	$0
	Total Funds (TF)	$0	$0	$0	$0	$0	$0	$0

(1)	(a) **Project Title:**		(b) **Phase:**
(2)	**Brief Description of Project:**		
(3)	**Impacted / Created Program:**		

(4)	(a) **Priority Number:**	(b) **Project Type:**	-		(c) **Gross Square Feet:**		

(5)	(a) **Funding Source**	(b) Total Project Cost	(c) Total Prior Appropriation	(d) Current Year	(e) Year Two	(f) Year Three	(g) Year Four	(h) Year Five
(6)	Capital Constr Funds (CCF)	$0	$0	$0	$0	$0	$0	$0
(7)	Cash Funds (CF)	$0	$0	$0	$0	$0	$0	$0
(8)	Reappropriated Funds (RF)	$0	$0	$0	$0	$0	$0	$0
(9)	Federal Funds (FF)	$0	$0	$0	$0	$0	$0	$0
(10)	Highway Users (HUTF)	$0	$0	$0	$0	$0	$0	$0
(11)	**Total Funds (TF)**	$0	$0	$0	$0	$0	$0	$0

(1)	(a) **Project Title:**		(b) **Phase:**
(2)	**Brief Description of Project:**		

- Fill in Revision Date if resubmitting

- Project Title SHALL match the Narrative and Cost Summary forms.

- Enter the Phase. (ex. Ph. 2 of 3)

- Brief, Brief, Brief

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CCCR Narrative, Page 1

FY2024-25 CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - NARRATIVE (CCCR N)*

A	(1) Project Title:		
B	(1) Agency:	(2) OSA Delegate Signature:	Date
C	(1) Funding Type:	(2) DPA's Risk Management ID#. If a new building list N/A:	
D	(1) Project Phase (Phase _of_):	(2) State Controller Project # (if a continuation):	
E	(1) Project Type: / Capital Construction (CC) / Capital Renewal (CR)	(2) Principal Representative Signature:	Date
F	(1) First Year Requested: FY	(2) OSA Review Signature:	Date
G	(1) Priority Number: ___ of ___	(2) Revision Date:	Date
H	(1) Total Project Cost:	(2) Current Phase Cost:	

* Attach CCCR CS Form

A. FACILITY PLANNING DOCUMENTATION:

	Yes	No	
1) OSA approved Facility Program Plan/Capital Construction:	Yes	No	Date Approved:
2) Facility Condition Audit or other approved Facility Management Plans/Capital Renewal:	Yes	No	Date Approved:
3) Enter Reported Facility Condition Audit Index Number (FCI) and Projected FCI:		Reported FCI:	Projected FCI:
4) Historically Designated Buildings or District			Yes/No

B. PROJECT SUMMARY/STATUS:
Provide a brief scope description of the project and explain the status of each prior appropriated phase. See instructions for further detail.

C. SUMMARY OF PROJECT FUNDING REQUEST: (from CCCR CS form, Rows 47 through 52)

(a) Funding Source	(b) Total Project Cost	(c) Total Prior Appropriation(s)	(d) Current Budget Year Request	(e) Year Two Request	(f) Year Three Request	(g) Year Four Request	(h) Year Five Request
(47) Capital Const. Funds (CCF):	$0	$0	$0	$0	$0	$0	$0
(48) Cash Funds (CF):	$0	$0	$0	$0	$0	$0	$0
(49) Reappropriated Funds (RF):	$0	$0	$0	$0	$0	$0	$0
(50) Federal Funds (FF):	$0	$0	$0	$0	$0	$0	$0
(51) Highway Users Tax Fund (HUTF):	$0	$0	$0	$0	$0	$0	$0
(52) Total Funds (TF):	$0	$0	$0	$0	$0	$0	$0

D. PROGRAM INFORMATION:
Provide a description of the programs within the agency impacted by this request. See instructions for further detail.

E. PROJECT DESCRIPTION/SCOPE OF WORK/JUSTIFICATION:
Provide a detailed description of the project, phases, funding and any other information relevant to the project. Include whatever pertinent material available to support the request. See instructions for further detail.

History of Appropriated Projects funded with Controlled Maintenance, Capital Construction Capital Renewal, Emergency CM repairs, cash, or operational funds completed within the last fifteen (15) years or ongoing projects that can be associated with either this CCCR building or infrastructure request.

Project No.	Project Title	Project Cost $	Completion Date or Status

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- Project Title SHALL match the Five Year Plan and Cost Summary forms.
- Risk Management #, N/A if new building.
- Provide revision date. Forms will need to be resubmitted to OSPB after approved by OSA.
- Date approved by OSA.
- Provide projected FCI after completion of project.
- See instructions for a detailed list of information requested in the Project Description section related to CCCR projects. This form is also used for acquisitions/dispositions of real property.
- Provide past appropriated projects or operational funding directly related to this request. Not a listing of all previous CR or CM projects related to the entire building.

F. CONSEQUENCES IF NOT FUNDED:
Provide a description of consequences if this project is not funded. See instructions for further detail.

G. LIFE CYCLE COST (LCC)/COST BENEFIT COMPARATIVE ANALYSIS:
Provide a description of the comparative analysis of lifecycle costs for this project verses the alternatives considered. See instructions for further detail.

H. ASSUMPTIONS FOR CALCULATIONS:
Describe the basis for how the project costs were estimated. See instructions for further detail.

I. SUSTAINABILITY:
Provide a description how the project complies with the High Performance Certification Program and appropriate Governor's Executive Orders. Or provide waiver or modification request language as to why the project can't meet the HPCP policy. See instructions for further detail.

J. OPERATING BUDGET IMPACT:
Detail operating budget impacts the project may have. See instructions for further detail.

K. 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		

L. ADDITIONAL INFORMATION:
Provide any other additional relevant information or requirements such as an encumbrance waiver or roll forward authority that may be required. See instructions for further detail.

M. CASH FUND PROJECTIONS:

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/institution plans to go to market, and the expected average annual payment (As applicable):			
Prior Year Actual Ending Fund Balance	Current Year Projected Ending Fund Balance	Year 2 Projected Ending Fund Balance with Project Approval	Year 3 Projected Ending Fund Balance with Project Approval
$	$	$	$

- Provide names and dates of attached reports, findings, estimates relied upon.

- Provide Building Life Cycle cost analysis based on a 30 year timeframe. Consult with Rod Vanderwall with any questions.

- If a Sustainability waiver is requested, the request must be submitted to Rod Vanderwall, prior to submitting the budget request.

- See instructions regarding the requirement to address the Governor's Executive Orders.

- Provide operating budget that this completed project will require.

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CCCR Cost Summary

	(a) Project Budget Cost Components and Funding Sources	(b) Total Project Costs	(c) Total Prior Fiscal Year Appropriation(s)	(d) Current FY Request	(e) Year Two Request	(f) Year Three Request	(g) Year Four Request	(h) Year Five Request
	FY2024-25 CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - COST SUMMARY (CCCR CS)*							
(A)	(1) Funding Type:			(2) Project Title:				
(B)	(1) Agency/Institution:			(2) Project Phase (__ of __):				
(C)	(1) OSA Delegate Name:			(2) Project Type:				
(D)	(1) Year First Requested: FY _____			(2) State Controller Project #:				
(E)	(1) Narrative Signature Date:			(2) Revision Date:				
(1)								
	Land /Building - Acquisition / Disposition							
(2)	Land Acquisition / Disposition	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(3)	Building Acquisition / Disposition	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(4)	Total Acquisition/Disposition Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Professional Services							
(5)	Planning Documentation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(6)	Site Surveys, Investigations, Reports	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(7)	Architectural/Engineering/ Basic Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(8)	Code Review/Inspection	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(9)	Construction Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(10)	Advertisements	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(11)	Other (Specify)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(12)	Inflation Cost for Professional	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(13)	Inflation Percentage Applied		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(14)	Total Professional Services	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Construction or Improvement (attached detailed cost estimate)							
(15)	Infrastructure Service/Utilities	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(16)	Infrastructure Site Improvements	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(17)	Structure/Systems/ Components							
(18)	Cost for New (GSF):	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(19)	New at $_____ X							
(20)	Cost for Renovation (GSF):	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(21)	Renovation at $_____ X _____ GSF							
(22)	Cost for Capital Renewal (GSF):	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(23)	Renewal at $_____ X _____ GSF							
(24)	Other (Specify)	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(25)	High Performance Certification	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(26)	Prevailing Wages	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(27)	Accessibility	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(28)	Inflation for Construction	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(29)	Inflation Percentage Applied		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(30)	Total Construction Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Equipment and Furnishings							
(31)	Equipment	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(32)	Furnishings	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(33)	Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(34)	Inflation for Equipment & Furnishings	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(35)	Inflation Percentage Applied		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(36)	Total Equipment & Furnishings Cost	$	$ -	$ -	$ -	$ -	$ -	$ -
	Miscellaneous							
(37)	Art in Public Places	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(38)	Relocation Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(39)	Other Costs [specify]	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(40)	Other Costs [specify]	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(41)	Other Costs [specify]	$ -	$ -	$ -	$ -	$ -	$ -	$ -
(42)	Total Misc. Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	Total Project Costs							
(43)	Total Project Costs	$ -	$ -	$ -	$ -	$ -	$ -	$ -

- Provide revision date. Forms will need to be resubmitted to OSPB after approved by OSA.

- Include any estimates received and reference in the (Specify) lines. No need to copy line-by-line.

- All construction costs over $500K should have Prevailing Wage (PW) in their budgets.

- New requests should have PW included in the construction cost.

- Include the Accessibility cost

- Contractor general conditions and P&O should be included in the Construction or Improvement section. Add additional line if preferred.

- Art in Public Places (CC project) are based on line 30 totals.

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Supplemental CCCR Narrative

	FY2024-25 SUPPLEMENTAL CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - NARRATIVE (S CCCR N)*			
A	(1) Project Title:			
B	(1) Agency:		(2) OSA Delegate Signature:	Date
C	(1) Funding Type:		(2) Supplemental Type:	
D	(1) Project Phase being Modified		(2) State Controller Project #:	
E	(1) Project Type:	Capital Construction (CC)	(2) Principal Representative Signature:	Date
		Capital Renewal (CR)		
F	(1) Original Appropriation Year:	FY	(2) OSA Review Signature:	Date
G	(1) Fiscal Year to be Modified:	FY	(2) Revision Date:	Date

* Attach S CCCR CS

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 each prior appropriated phase. See instructions for further detail.

D. SUMMARY OF FUNDING CHANGE:
See instructions for further detail.

Fiscal Year to be Modified	Total Funds	Capital Construction Fund (CCF)	Cash Funds (CF)
FY20___-___	$	$	$

E. ASSUMPTIONS FOR CALCULATIONS AND CASH FUND PROJECTION:
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?			
Will this request involve any IT components?			

- Row (D), Item (1) was updated: NOW, enter the Phase being modified and not the number of phases. The Phase shall match the Fiscal Year of the Appropriation (row G,1)

- Provide revision date. Forms will need to be resubmitted to OSPB after approved by OSA.

- Total Funds represents the additional (or reduction) from the original appropriation.

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Supplemental CCCR Cost Summary

FY2024-25 SUPPLEMENTAL CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - COST SUMMARY (S CCCR CS)*					
(A)	(1) Funding Type:		(2) Project Title:		
(B)	(1) Agency:		(2) Project Phase being Modifiey:		
(C)	(1) Supplemental Type:		(2) State Controller Project #:		
(D)	(1) Project Type:		(2) OSA Delegate Name:		
(E)	(1) Original Appropriation Year: FY		(2) Narrative Signature Date:		
(F)	(1) Fiscal Year to be Modified: FY		(2) Revision Date:		

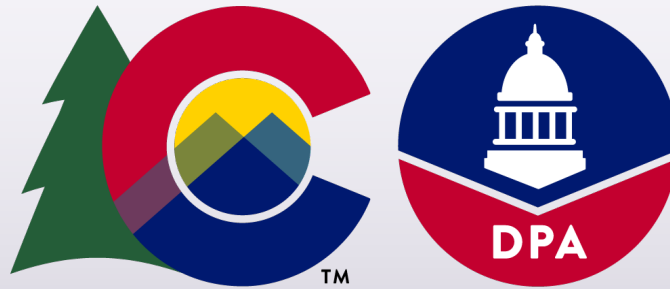|	(a) Project Budget Cost Components and Funding Sources	(b) New Total Project Cost	(c) Total Prior-Year Appropriation(s) Excluding Modified FY	(d) Original Appropriation for the Modified Fiscal Year	(e) Supplemental Request For Modified Fiscal Year	(f) New Modified FY Total Request
(1)						

- Row (B), Item (2) was updated: NOW, enter the Phase being modified and not the number of phases. The Phase shall match the Fiscal Year of the Appropriation (row F,1)

- Col. (c) is any prior appropriations excluding the current year. If this is a one phase project this value will be zero. If this is a two phase project and you are changing the second year appropriation, this would be the first year appropriation.

- Col. (d) is the original appropriation for the requested year.

- Col. (e) is the amount to be added to the original appropriation.

- Selected columns, cells have formulas that calculate the totals.

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Transmittal Form, CCCR Table

A. CAPITAL CONSTRUCTION CAPITAL RENEWAL BUDGET REQUEST FORMS [1]: (Copy to OSPB all CCCR forms)			Yes, No. or N/A
CCCR 5P	Capital Construction/Capital Renewal Project Request - Five Year Plan *(Required to be submitted to OSA annually, even if there are no current year CCCR project requests being submitted)*	Required [3]	
CCCR N	Capital Construction/Capital Renewal Project Request - Narrative	Quantity [2]	
CCCR CS	Capital Construction/Capital Renewal Project Request - Cost Summary	Attached to CCCR N form	
S CCCR N	Supplemental Capital Construction/Capital Renewal Project Request - Narrative	Quantity [2]	
S CCCR CS	Supplemental Capital Construction/Capital Renewal Project Request - Cost Summary	Attached to S CCCR N form	
Photographs	Photographs shall be submitted individually in either JPEG or PDF format AND named appropriately per project. Photographs may be grouped by project.	Quantity [2]	

- Five Year Plan required every year. Even if there is no CCCR request this current year.

- For the Narrative and the Cost Summary, indicate in the Y/N/NA column, the **number** of projects being request this year. The number should match the number of projects on the CCCR Five Year plan.

- Photographs Y/N/NA should only be indicated as N/A if previously submitted photos were acceptable by OSA, otherwise list the number of photos submitted. Not Yes or No. Re-sending photos is not a problem.

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Questions & Thank You