



CO L O R A D O

**Department of Personnel
& Administration**

**OSA Annual Budget Submission
& Annual Forms Instructions
March 2024**

Introductions

Tana Lane, State Architect

Kathleen Miller, State Buildings Program Analyst

Hailey Brychel, Prevailing Wage Compliance and Training Specialist

Cameron Kennedy, Manager, Real Estate Program

Jennifer Threlkeld, Real Estate Specialist

James Walker, Manager, Statewide Planning Program

Javier Chavez, Senior Planner, Statewide Planning Program

Rod Vanderwall, Manager, Energy & Environment Program

Bailey Vigil, Buildings GHG Emissions Analyst

Hydie Alcantara, Building Materials Tax Analyst

Ellie Maji, Administrative Assistant

Vacant Positions:

State Buildings Program Manager

Agenda

- I. Instruction Basics
- II. Annual Forms (Section 4 of Instructions)
- III. Controlled Maintenance (CM) Forms
(Section 3 of Instructions)
- IV. Capital Construction & Capital Renewal (CCCR)
Forms (Section 2 of Instructions)

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 6**
 - OSA visits start
 - **June 30**
 - All OSA visits completed
 - **July 3**
 - Due date for **Executive Department's CCCR** forms to OSA
 - **July 7**
 - Due date for **ALL Annual and CM** forms to OSA

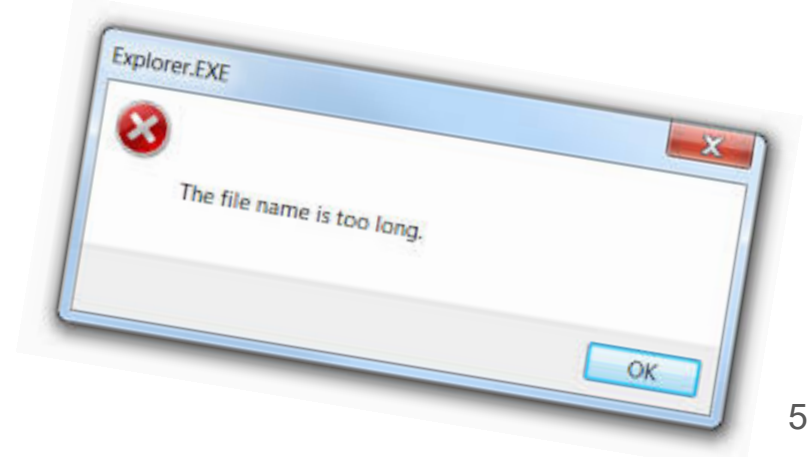
2024 MAY						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

2024 JUNE						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

2024 JULY						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Naming Files for Submittals

- File Naming Requirements
 - **Agency, FY##-##, Form ID, Priority #, and 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 affect 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



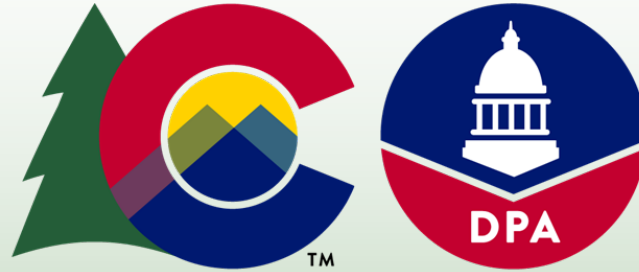
Form Updates

- Forms will be modified yearly by OSA
 - Use new forms
 - **BLUE text** = Changes
 - **RED text** = Important note
 - Colored header in the forms
 - FY25-26 are **GREEN**
 - 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



Form Updates

- In addition to submitting all forms to OSA, **State 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.
- **State Departments who do not include both OSA and OSPB may result in the CCCR project request being rejected or overlooked.**
- Institutions of Higher Education may find CCCR forms and instructions at <https://higher.ed.Colorado.gov/capital-construction>



CO L O R A D O

**Department of Personnel
& Administration**

**OSA Training: Annual Forms
(Section 4 of Instructions)
March 2024**

OSA Asset Management Strategy Plan

FY2025-26 ASSET MANAGEMENT STRATEGY PLAN (OSA AMSP)

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 clarity.

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			



OSA Construction Project Status Report Form

FY2025-26 Construction Project - Status Report (OSA CSR)													
(A) Agency/Institution:				(B) OSA Delegate									
(1) Project Number	(2) Type of Project	(3) Project Title	(4) Approp. Phase	(5) CCF Approp. (\$)	(6) Other Funds (\$)	(7) Date Funds Available	(8) Dollars Committed Contract Totals (\$)	(9) Dollars Approved /Pay Application Totals (\$)	(10) HPCP Required (form instructions)	(11) Project Delivery Method	(12) Date of Notice of Substantial Completion (SBP-07)	(13) L1 Date Submitted Projected	(14) L1 Date OSA Accepted

BIG CHANGE:

CCCR and CM Status Reports have been combined into one form

1. One column for title and one column for phase
2. Please choose the type of project - CC, CR, CM
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 (18) Notes for a name change
4. For multi-phased projects, sort by oldest FY as first row for the phases.
5. For Long Bill funded projects, DON'T edit the original (5) CCF Appropriation value.
6. If the project receives a supplemental, enter the supplemental information on a separate row.
7. **For self funded projects, \$2M or more, please provide one (1) Project number to help track the project.**
8. 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.
9. Column 10, Indicate if HCPC is required with either True of False
10. Check the dates on Column 12, 13 and 15. **If these are still anticipated dates, then these dates should be after 7/1/2024.**



OSA Construction Project Status Report Form

Project - Status Report (OSA CSR)								
							Date	
(10) HPCP Required (form required per instructions)	(11) Project Delivery Method	(12) Date of Notice of Substantial Completion (SBP-07)	(13) L1 Date Submitted Projected	(14) L1 Date OSA Accepted	(15) L2 Date Submitted Projected	(16) L2 Date OSA Accepted	(17) Status	(18) Notes

Continued:

11. If OSA has approved a closeout form there will be an “A” after 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.
12. In column 17, please select the project status from the drop down menu. Only projects with an OSA approved L1 and L2 documents shall be marked as Completed.
13. Add any notes for OSA in column 18
14. OSA will send out a digital version of this form prior to Annual site visits for review.

Building Inventory / Infrastructure / Water List Form

	A	B	C
1	  COLORADO Office of the State Architect Department of Personnel & Administration		
2		2/25/2024	
3			
4	FY2025-26 Building Infrastructure Summary (OSA BI)		
5	(A) Agency/Institution:		
6	(B) OSA Delegate Name/Date:		
7			
8	(1) Total Building Estimated Deficiencies =	\$	-
9	(2) Code Compliance Estimated Deficiencies =	\$	-
10	(3) Infrastructure Estimated Deficiencies =	\$	-
11	(4) Other (define) =	\$	-
12			
13	(5) Total Major Maintenance Needs =	\$	-
14	Note: Total Major Maintenance Needs is the sum of items 1 through 4.		
15			
16			
17			
18			



BI Form, Building Tab

FY2025-26 Building										
(A) Agency/Institution:		Select from Bldg - Infra Summary Tab								
(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 Audit	(11) F. (Report R/F)
(22) Totals			-	-	-	\$ -				

Each row corresponds to information about a single owned buildings or vertical structure.

Column (1): Building names frequently change and are not our primary unique identifier. If a building name has changed or is a new building, add a comment in the (1) Building Name column.

Column (2): Risk Management Number (As assigned in Origami) or University Building Identifier

Column (3): The Occupancy Type should be indicative of the building’s use.

Columns (4 and 5): indicate the Auxiliary/Enterprise or General Funded GSF.

Column (6) The GSF information in (6) Vacant building should also be entered in either columns (4) or (5) depending the building’s usage as Academic or Non-Academic prior to becoming vacant.

Note:
Do Not link any data in the BI Form to your Agency/IHE maintained spreadsheets.
If a building no longer exists, please cut/paste the row with it’s information below the totals.

BI Form, Infrastructure Tab

FY2025-26 Infrastructure Listing (OSA BI)									
(A) Agency/Institution:		Select from Bldg - Infra Summary Tab							
(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 Maintenance	(9) Date of Infrastructure Assessment	(10) Infrastructure Estimated Deficiency
(11) Totals			-	-	\$ -				\$ -

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 Inventory tab.

BI Form, Water Mgmt. Plan Tab

FY2025-26 Water Management Plan Submission (OSA BI)	
(A) Agency/Institution: Select from Bldg - Infra Summary Tab	
<i>Enter consumption information as it is entered on the EnergyCAP software, other utility tracking software, or as reported by the local provider.</i>	
(1) Total FY 2022-23 Potable Water Consumed (Kgals):	(2) Total FY 2014-15 Potable Water Consumed (Kgals):

This tab is to track executive departments total potable water consumed for FY 2022-23 and FY 2014-15 reported in Kgals (1 Kgal = 1000 gallons). Report the total potable water consumed for all sites per agency. Do not enter “zero” (0) if the cell holds no information.

- 1) Enter the total FY 2022-23 potable water consumed as it is entered on the EnergyCAP software, other utility tracking software, or as reported by the local provider.
- 2) Enter the total FY 2014-15 potable water consumed as it was entered on the EnergyCAP software, other utility tracking software, or as reported by a local provider.

Vacant Facility Form

FY2025-26 VACANT FACILITY MANAGEMENT PLAN (OSA VFMP)	
1) AGENCY / INSTITUTION:	3) OSA DELEGATE NAME:
2) SUBMITTAL DATE:	4) OSA DELEGATE EMAIL:
FACILITY SPECIFIC INFORMATION	
5) FACILITY NAME: 6) FACILITY ADDRESS: 7) COUNTY PARCEL NUMBER: 8) REASON FOR UNOCCUPIED OR UNUSED: 9) WHAT WAS THE FACILITY OCCUPANCY USE (Please Check Below): <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Classroom <input type="checkbox"/> Other (Explain) 10) FACILITY USE ALTERNATIVES (Please Check Below): <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Classroom <input type="checkbox"/> Other (Explain) A) HAS A COST-BENEFIT ANALYSIS BEEN COMPLETED FOR VARIOUS POTENTIAL DEMOLITION, RENOVATION, SALE ALTERNATIVES AND RENTING AT MARKET RATE: B) IF THE FACILITY IS TO BE DEMOLISHED, ARE THERE PLANS TO USE THE RECYCLED MATERIALS IN OTHER ON-SITE CAPITAL CONSTRUCTION PROJECTS: C) ARE THERE ANY OTHER AGENCY / INSTITUTION INCENTIVES OR COST-SHARING OPPORTUNITIES ASSOCIATED WITH THE POTENTIAL DEMOLITION OF THIS VACANT FACILITY: 11) IS THE INTENDED USE IDENTIFIED IN THE FACILITIES MASTER PLAN: (PLEASE EXPLAIN) 12) WHAT IS THE AGENCY / INSTITUTIONS PLAN FOR THIS VACANT FACILITY IF FUNDING IS NOT AVAILABLE IN THE NEXT 5 YEARS: 13) ESTIMATED MARKET VALUE: 14) HOW WAS A VALUE DETERMINED (Please Check Below): <input type="checkbox"/> Appraisal <input type="checkbox"/> Broker Opinion of Value <input type="checkbox"/> County Assessor <input type="checkbox"/> Risk Management Insured Value <input type="checkbox"/> Other 15) DOES THE FACILITY HAVE FEDERAL OR STATE HISTORICAL DESIGNATION: <input type="checkbox"/> Yes <input type="checkbox"/> No	16) INITIAL DATE VACANT: 17) TOTAL GROSS SQUARE FEET: 18) FACILITY FOOTPRINT IN SQUARE FEET OR ACRES: 19) NUMBER OF STORIES: 20) UNUSED SQUARE FEET (If different from 17): 21) LOCATION OF UNUSED SQUARE FEET WITHIN THE FACILITY: 22) YEAR BUILT: 23) YEAR ACQUIRED: 24) DESCRIBE TYPE OF CONSTRUCTION: 25) AGENCY IDENTIFICATION NUMBER: 26) RISK MANAGEMENT NUMBER: 27) RISK MANAGEMENT INSURED VALUE:

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

FY2025-26 ACQUISITION AND DISPOSITION OF STATE PROPERTY REPORT (OSA AD)	
1) AGENCY / INSTITUTION:	3) OSA DELEGATE NAME:
2) SUBMITTAL DATE:	4) OSA DELEGATE EMAIL:
TRANSACTION SPECIFIC INFORMATION	
5) FACILITY NAME:	17) DOES THE FACILITY HAVE FEDERAL OR STATE HISTORICAL DESIGNATION: <input type="checkbox"/> Yes <input type="checkbox"/> No
6) PROPERTY ADDRESS:	18) TRANSACTION DATE:
7) COUNTY PARCEL NUMBER:	19) WAS THE TRANSACTION AN <input type="checkbox"/> Acquisition OR <input type="checkbox"/> Disposition
8) PROPERTY USE (Please Check Below): <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Classroom <input type="checkbox"/> Land <input type="checkbox"/> Other (Explain)	20) TOTAL PARCEL SIZE (Acres):
9) TRANSACTION AMOUNT (Amount Property Sold for):	21) TOTAL BUILDING SIZE (Square Feet):
10) WAS AN APPRAISAL CONDUCTED ON THE PROPERTY: <input type="checkbox"/> Yes <input type="checkbox"/> No	22) YEAR BUILT:
11) IF YES, WHAT WAS THE VALUE:	23) AGENCY IDENTIFICATION NUMBER:
12) IF YES, WHEN WAS IT DATED:	24) WAS DPA RISK MANAGEMENT OR INSTITUTION OF HIGHER EDUCATION RISK MANAGEMENT INFORMED OF THIS TRANSACTION: <input type="checkbox"/> Yes <input type="checkbox"/> No
13) WAS AN EPA PHASE I ENVIRONMENTAL SURVEY DONE ON THE PROPERTY: <input type="checkbox"/> Yes <input type="checkbox"/> No	25) RISK MANAGEMENT IDENTIFICATION NUMBER:
14) IF YES, WHEN WAS IT DATED:	26) RISK MANAGEMENT INSURED VALUE:
15) IF YES, WAS ANY REMEDIATION REQUIRED TO BE COMPLETED (Explain and indicate if completed):	
16) WAS AN ALTA SURVEY DONE ON THE PROPERTY: <input type="checkbox"/> Yes <input type="checkbox"/> No	
PROPERTY / FACILITY SPECIFIC INFORMATION	
27) HAS THE FACILITIES MASTER PLAN BEEN UPDATED IN REGARD TO THIS TRANSACTION: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	
31) SERVED BY CENTRAL UTILITY SYSTEM: <input type="checkbox"/> Yes <input type="checkbox"/> No	
32) DOES THE FACILITY HAVE IT'S OWN DEDICATED INGRESS AND EGRESS FOR VEHICLES (not driving through a campus): <input type="checkbox"/> Yes <input type="checkbox"/> No	
33) IS PARKING INCLUDED: <input type="checkbox"/> Yes <input type="checkbox"/> No	
34) ANY LIFE-SAFETY CONDITIONS OR HAZARDOUS MATERIALS PRESENT: <input type="checkbox"/> Yes <input type="checkbox"/> 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.*



High Performance Certification Program

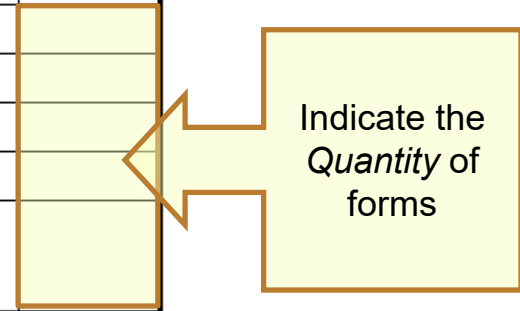
 COLORADO Office of the State Architect		FY2025-26 HIGH PERFORMANCE CERTIFICATION PROGRAM (OSA HPCP)	
(A) Agency/Institution:			
(B) Date Submitted:			
(C) OSA Delegate Name:			

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.*
- *Row (9) Only form change was to remove any reference to LEED. Now, enter the guideline version utilized.*

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 CSR	Construction 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⁾	



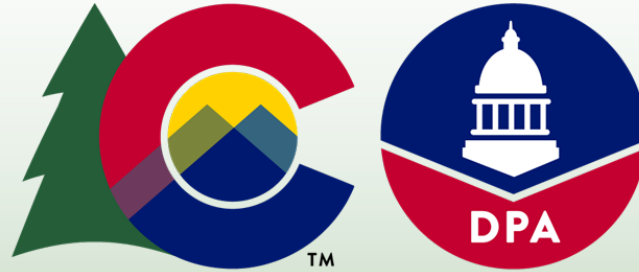
⁽¹⁾ Electronic submission required for all documents.

⁽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

- Higher Education will use **TWO** transmittal forms:
 - The “FY25-26 OSA T (IHE)” form when submitting to OSA
 - The “FY25-26 Transmittal Form” when submitting to CDHE, found on their website at <https://highered.Colorado.gov/capital-construction>

- State Departments will only use the “FY25-26 OSA T” form



CO L O R A D O

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& Administration**

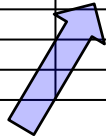
**OSA Training: Controlled Maintenance
(CM) Forms (Section 3 of Instructions)
March 2024**

CM Five Year Plan

Controlled Maintenance Project Request - Five Year Plan FY2025-26 to FY2029-30 (CM 5P)

(A) Agency/Institution:		(B) Agency/Institution Signature Approval:	Date
(C) OSA Delegate Signature:		(D) OSA Review Signature:	

(1) Agency / Institution Priority #	(2) Project # (if continuation)	(3) CM Category	(4) Project Title	(5) No. of Phases	(6) Total Project Cost	(7) Prior Appropriation	(8) FY25/26 Budget Request	(9) FY26/27 Budget Request	(9) FY27/28 Budget Request	(9) FY28/29 Budget Request	(9) FY29/30 Budget Request
					\$ -						
					\$ -						
					\$ -						
(10) Totals for each Fiscal Year							\$0	\$0	\$0	\$0	\$0
(11) Grand Total of the Five Year Plan							\$0				



All phase of a projects SHALL be on one row.

- 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.** Never enter project phase information, long project titles. Title SHALL match the narrative form, cost estimate form, and summary form.
- 5) **Indicate the Phase Number 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

FY2025-26 Controlled Maintenance Project Request - Summary (CM S)							
Agency/Institution				(A2) Agency/IHE GSF			
A Delegate Signature:							
A Delegate Name:							
Agency/Institution Signature Approval:							
(1) Agency / Institution	(2) Project M# (if continuation)	(3) PROJECT TITLE and PHASE	(4) Project Cost \$	(5) Operational Criteria (OC)	(6) Priority Multiplier (PM)	(7) Critical Index (CI)	(8) Prc Score
		(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 priority number.
- If the Project includes CCF and another fund source, Call OSA on how to modify the form.



CM Narrative, Page 1

FY2025-26 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:	

- 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 problem. It shouldn’t be too brief, but should define the problem.
- The description needs to explain the current problems, 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.

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:

CM Narrative, Page 2

2) Description of CM Solution, by Phase:
3) Consequences (cost effects, program impacts, facility impacts, etc.) of <u>not</u> 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 – <u>AS SEPARATE DOCUMENTS</u> (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 PHASES¹

Project Number:	Fiscal Year	Phase or Phases of Work	Dollar Amount (Actual Appropriation)
	FY 2021/2022		
	FY 2022/2023		
	FY 2023/2024		
	FY 2024/2025		
(Subtotal)			\$

COST OF CURRENT PHASE²

Project Number:	Fiscal Year	Phase of Work	Cost of Current Phase (Per CM CS)
	FY 2025/2026		

FUTURE PHASE(S) FUNDING³

Project Number:	Fiscal Year	Phase or Phases of Work	Project (Phase) Total Cost (Per CM CS)
	FY 2026/2027		
	FY 2027/2028		
	FY 2028/2029		
	FY 2029/2030		
(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).

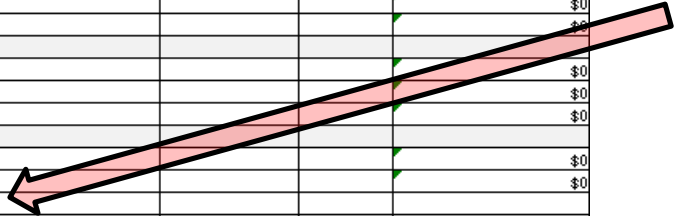
E. PROPOSED PROJECT IMPLEMENTATION SCHEDULE (PLAN):

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. Provide backup with the Estimate
- 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.

CM Cost Summary

FY2025-26 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
<i>estimate.</i>			
	WORK ITEM (Labor/Material/Equipment)	QUANTITY (sf, of, lf, etc.)	UNIT COST (\$/unit) EXTENDED COST (\$)
7	Infrastructure, Utility Services:		
8	<i>(Specify)</i>		\$0
9	<i>(Specify)</i>		\$0
10	Infrastructure, Site Improvements:		
11	<i>(Specify)</i>		\$0
12	<i>(Specify)</i>		\$0
13	Structure/Systems/Components:		
14	<i>(Specify)</i>		\$0
15	<i>(Specify)</i>		\$0
16	<i>(Specify)</i>		\$0
17	Other (Explain Below):		
18	<i>(Specify)</i>		\$0
19	<i>(Specify)</i>		\$0
20	Bug Clean Colorado Act		
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 <i>(List Items)</i>			
26	<i>(Specify)</i>		
27	<i>(Specify)</i>		
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 contingency. (Copy this amount to OSA-CMFRN, 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



- 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 (public works definition) should include any relevant cost per the BCCO Act. (explained in a following slide)
- 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.



Buy Clean Colorado (BCCO) Act

The Buy Clean Colorado (BCCO) Act ([C.R.S. 24-92-117](#)) applies to State [public projects](#) for which the project cost **exceeds five hundred thousand dollars** (\$500,000) and for which an agency of government issues a **design solicitation** on or after **January 1, 2024**.

Eligible Materials include:

- Asphalt and asphalt mixtures
- Cement and concrete mixtures
- Glass
- Post-tension steel
- Reinforcing steel
- Structural steel
- Wood structural elements



<https://osa.colorado.gov/energy-environment/buy-clean-colorado-act>

Website contains: BCCO Act Policy ([EE-5.0](#)), OSA's GWP Limits ([EE-5.1](#)), BCCO Act Forms, Educational & Training Materials, Important Definitions, and Tools & Resources

Please contact Bailey Vigil at bailey.vigil@state.co.us with any questions

Transmittal Form, CM Table

<u>B. CONTROLLED MAINTENANCE BUDGET REQUEST FORMS ⁽¹⁾:</u>			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.

- CM Five Year Plan is required every year, even if there is no CM request this current year.
- CM Summary is not required if there is no CM request this current year.
- In the Narrative and the Cost Summary indicate the **number of projects being requested this year in the Y/N/NA column**. This number should match the number of projects on the CM Summary and in the CM Five Year plan. (i.e. Y-3)
- Photographs Y/N/NA column should only be filled as N/A if previously submitted photos were acceptable by OSA, otherwise list a quantity. Re-sending photos is not a problem.

Other Annual Forms

Energy Performance Contract Report

- Required if there are open EPC contracts

Exhibit K: Action Plan for Code Compliance

- Are your Fire Department MOU's Current?
 - An email is only a substitute if it is recent
- Are your staff ICC certifications Current?
- Are your project managers keeping all the code compliance documents readily available?

REMEMBER!

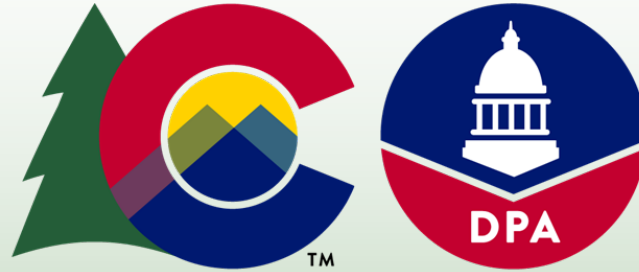
Don't wait until the last minute!

At our site visits OSA will be expecting to discuss:

- Building Inventory
- CC/CM requests
- 5-year Plans
- Project Status Report

Master Plans need to be submitted and approved by CDHE/OSA before CC requests can be recommended





CO L O R A D O

**Department of Personnel
& Administration**

**OSA Training: Capital Construction &
Capital Renewal (CCCR) Forms
(Section 2 of Instructions) March 2024**

Facility Master Plan and Facility Program Plan

A **Facility Master Plan (FMP)** is a documented comprehensive facilities vision based on review and assessment of current agency and state goals. The FMP identifies and justifies priorities for future capital needs including acquisitions and dispositions.

A **Facility Program Plan (FPP)** is required for Capital Construction requests with an estimated cost of \$500k and above. FPPs outline the implementation of specific capital projects that have been identified in the FMP. FPP Programming requires an analysis of existing and projected data and the application of planning criteria to establish the amounts and types of space needed by a department/program or specific function of an agency.



Refer to the OSA Planning website for more information

<https://osa.colorado.gov/planning>



CCCR Five Year Plan

Capital Construction Capital Renewal Project Request - Five Year Plan FY2025-26 to FY2029-30 (CCCR 5P)								
(A)	(1) Agency:		(2) Principle Representative Signature:				Date:	
(B)	(1) OSA Delegate Name:		(2) Agency Revision Date:				Date:	
(C)	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
	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**

CCCR Narrative, Page 1

FY2025-26 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:	(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:

- OSA approved Facility Program Plan/Capital Construction: Yes ___ No ___ Date Approved: _____
- Facility Condition Audit or other approved Facility Management Plans/Capital Renewal: Yes ___ No ___ Date Approved: _____
- Enter Reported Facility Condition Audit Index Number (FCI) and Projected FCI: Reported FCI: _____ Projected FCI: _____
- 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.

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

- 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.

CCCR Narrative, Page 2

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 versus 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.



CCCR Cost Summary

FY2025-26 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:			
(a) Project Budget Cost Components and Funding Sources	(b) Total Project Costs	(c) Total Prior Fiscal Year Appropriation	(d) Current FY Request	(e) Year Two Request	(f) Year Three Request	(g) Year Four Request	(h) Year Five Request
Land / Building - Acquisition / Disposition							
(2) Land Acquisition / Disposition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(3) Building Acquisition / Disposition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(4) Total Acquisition/Disposition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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 Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Structure/Systems/ Components							
(17) Cost for New (GSF):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(18) New at \$ X GSF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(19) Cost for Renovation (GSF):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(20) Renovation at \$ X	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(21) Cost for Capital Renewal (GSF):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(22) Renewal at \$ X GSF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(23) Other (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(24) High Performance Certification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(25) Buy Clean Colorado Act	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(26) Accessibility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(27) Inflation for Construction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(28) Inflation Percentage Applied		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(29) Total Construction Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment and Furnishings							
(30) Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(31) Furnishings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(32) Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(33) Inflation for Equipment & Furnishings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(34) Inflation Percentage Applied		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(35) Total Equipment and Furnishings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Miscellaneous							
(36) Art in Public Places	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(37) Relocation Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(38) Other Costs (specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(39) Other Costs (specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(40) Other Costs (specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(41) Total Misc. Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(42) 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 new projects over \$500K (public works definition) should include any relevant cost per the BCCO Act. (explained in a previous slide)
- 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.



Supplemental CCCR Narrative

FY2025-26 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:	(2) Principal Representative Signature:	Date
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)

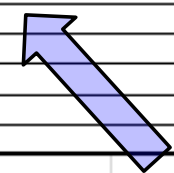
• Provide revision date. Forms will need to be resubmitted to OSPB after approved by OSA.

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



Supplemental CCCR Cost Summary

FY2025-26 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 Modified:			
(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:			
(1)	(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

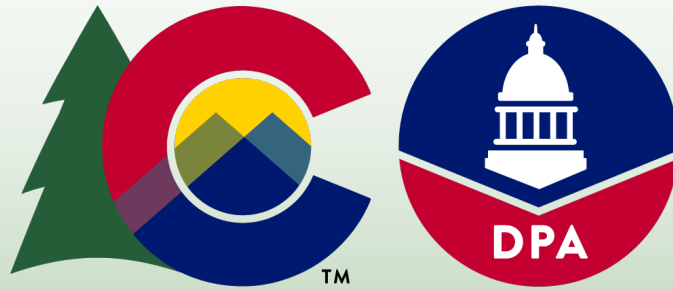


- Row (B), Item (2) was updated: NOW, enter the Phase being modified and not the number of phases. The Phase shall match the Fiscal Year of the Appropriation (row F,1)
- Col. (c) is any prior appropriations excluding the current year. If this is a one phase project this value will be zero. If this is 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.

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 <i>(Required to be submitted to OSA annually, even if there are no current year CCCR project requests being submitted)</i>	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⁾	

- CCCR Five Year Plan required every year, even if there is no request this current year.
- In the Narrative and the Cost Summary indicate **the number of projects being requested this year in the Y/N/NA column**. The number should match the number of projects in the CCCR Five Year plan.
- Photographs Y/N/NA column should only be filled as N/A if previously submitted photos were acceptable by OSA, otherwise list a quantity. Re-sending photos is not a problem.
- Higher Education’s “OSA T (IHE)” form only requires their CCCR Five Year Plan. CDHE’s Transmittal Form and its requirements may vary.



Questions & Thank You