

COLORADO

**Department of Personnel
& Administration**

**OSA Annual Budget Submission
& Annual Forms Instructions
April 2025**

Introductions

- Tana Lane, State Architect
- Thuyanh Harper, Administrative Assistant

STATE BUILDINGS

- Joe Schalk, State Buildings Program Manager
- Kathleen Miller, State Buildings Program Analyst
- Hailey Brychel, Prevailing Wage Compliance and Training Specialist

REAL ESTATE

- Cameron Kennedy, Manager, Real Estate Program
- Jennifer Threlkeld, Real Estate Specialist

Introductions

STATEWIDE PLANNING

- James Walker, Manager, Statewide Planning Program
- Javier Chavez, Senior Planner, Statewide Planning Program

ENERGY & ENVIRONMENT

- Rod Vanderwall, Manager, Energy & Environment Program
- Bailey Vigil, Buildings GHG Emissions Analyst
- Johar Moss, Statewide Floodplain Management Administrator
- Hydie Alcantara, Building Materials Tax Analyst

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**)
 - (05/02/2025)
 - Last date for **Executive Departments** to submit new or updated FPP's to OSA for current year CC project requests.
 - (05/12/2025)
 - OSA visits start
 - (06/30/2025)
 - All OSA visits completed
 - (07/03/2025)
 - Due date for **Executive Department's CCCR** forms to OSA
 - (07/08/2025)
 - Due date for **ALL** Annual and **CM** forms to OSA

May 2025						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
27	28	29	30	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
1	2	3	4	5	6	7

June 2025						
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	1	2	3	4	5
6	7	8	9	10	11	12

July 2025						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	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	1	2
3	4	5	6	7	8	9

Printable Calendars From Answers.com

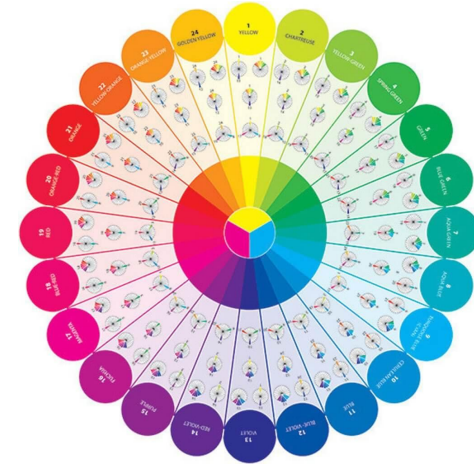
Naming Files for Submittals

- File Naming Requirements
 - **Agency, FY##-##, Form ID, Priority #, and Short Project Name**
 - DPA FY26-27 CM N #2 HVAC Upgrade 1570 Grant
 - UCD FY26-27 OSA T (IHE)
- 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



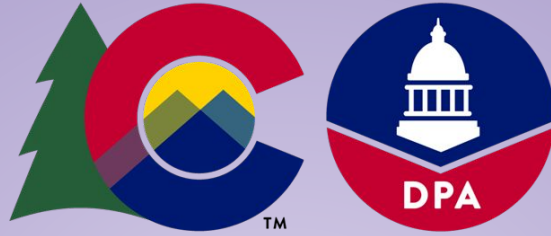
Form Updates

- Forms are modified yearly by OSA
 - Use **new forms**
 - **BLUE text** = Changes
 - **RED text** = Important note
 - Colored header in the forms
 - FY26-27 are **BLUE**
 - **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.Colorado.gov/capital-construction>



COLORADO

**Department of Personnel
& Administration**

**OSA Training: Annual Forms
(Section 4 of Instructions)
April 2025**

OSA Asset Management Strategy Plan

FY2026-27 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

FY2026-27 Construction Project - Status Report

(A) Agency/Institution:				(B) OSA Delegate Signature/Date:							
(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 required per instructions)	(11) BCCO Act Required	(12) Project Delivery Method

- EPC added to Type of Project (Column #2)
- Column added for BCCO (Column #11)
 - True or False selections
 - Does not account for Waivers

OSA Construction Project Status Report Form


FY2026-27 Construction Project - Status Report (OSA CPSR)																		
(A) Agency/Institution:			(B) OSA Delegate Signature/Date:													Date		
(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) HCPC Required (form required per instructions)	(11) BCCO Act Required	(12) Project Delivery Method	(13) Date of Notice of Substantial Completion (SBP-07)	(14) L1 Date Submitted Projected	(15) L1 Date OSA Accepted	(16) L2 Date Submitted Projected	(17) L2 Date OSA Accepted	(18) Status	(19) Notes

BIG CHANGES:

EPC added to project type and a column has been added for BCCO

- One column for title and one column for phase
- Column 2, please choose the type of project - CC, CR, CM-**ADDED EPC to this column**
- 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 Column 19 (Notes) for a name change
- For multi-phased projects, sort by oldest FY as first row for the phases.
- For Long Bill funded projects, DON'T edit the original CCF Appropriation value. (Column 5)
- If the project receives a supplemental, enter the supplemental information on a separate row.
- For self funded projects, \$2M or more, please provide one (1) Project number to help track the project.**
- 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.
- Column 10, Indicate if HCPC is required with either True or False
- Column 11, Indicate if BCCO is required with either True or False**
- Check the dates on Column 13, 14 and 16. **If these are still anticipated dates, then these dates should be after 7/1/2025.**

OSA Construction Project Status Report Form



COLORADO
 Office of the State Architect
Department of Personnel & Administration

March 26, 2025

FY2026-27 Construction Project - Status Report (OSA CPSR)																				
(A) Agency/Institution:			(B) OSA Delegate Signature/Date:																Date	
(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) BOCO Act Required	(12) Project Delivery Method	(13) Date of Notice of Substantial Completion (SBP-07)	(14) L1 Date Submitted Projected	(15) L1 Date OSA Accepted	(16) L2 Date Submitted Projected	(17) L2 Date OSA Accepted	(18) Status	(19) 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, please reach out to check the status of the form.
12. In column 18, 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 19
14. OSA will send out a digital version of this form prior to Annual site visits for review.

Building Inventory / Infrastructure / Water List Form

FY 2026-27 Building Infrastructure Summary (OSA BI)	
(A) Agency/Institution:	
(B) OSA Delegate Name/Date:	
(1) Total Building Estimated Deficiencies =	\$ -
(2) Code Compliance Estimated Deficiencies =	\$ -
(3) Infrastructure Estimated Deficiencies =	\$ -
(4) Other (define) =	\$ -
(5) Total Major Maintenance Needs =	\$ -
Note: Total Major Maintenance Needs is the sum of items 1 through 4.	

BI Form, Building Tab

(A) Agency						
Select from Bldg - Infra Summary Tab						
(1) Unique Building Identifier	(2) Building Name	(3) Street Address	(4) City	(5) Zip Code	(6) Occupancy Type	(7) Academic or General Fund GSF:
					Select One ▼	
					Select One ▼	

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

Column (1): Assigned in Origami or University Building Identifier (NO BLANKS AND IDENTIFIER MUST BE CONSISTENT YEAR-OVER YEAR)

Column (2): 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 this column.

Column (3): Street Address, Column (4): City, Column(5): Zip Code

Column (6): Drop down based on options listed in Instructions.

Column (7): Enter the academic space or general funded Gross Square Footage (GSF) of the building.

BI Form, Building Tab

FY2026-27 Building Inventory (OSA BI)											
(8) Non-Academic or Non-General Funded GSF	(9) Vacant (GSF)	(10) Year Built (YYYY)	(11) Year Acquired (YYYY)	(12) Year of Facility Audit (YYYY)	(13) F.C.I. Score (%)	(14) OSA Target F.C.I. Score	(15) C.R.V. (\$)	(16) Calculated Deficiency	(17) Targeted Improvement Cost	(18) Targeted Deficiency	(19) Building Code Deficiencies
						85%		\$0.00	\$0.00	\$0.00	
						85%		\$0.00	\$0.00	\$0.00	

(20) Utility Connections - Natural Gas	(21) Utility Connections - Electricity	(22) Utility Connections - Water	(23) Utility Connections - Other	(24) Water Rights

Column (9): Vacant GSF- ONLY ENTIRE BUILDINGS

Column (10-12): Change from Date to Year format

Columns (20 - 24): Indicate Y/N if the building has the listed utility connection and Y/N if the utility usage is being tracked internally. Example: Y-Y or Y-N

BI Form, Building Tab - Inactive Buildings

Inactive Buildings									
(1) Unique Building Identifier	(2) Building Name	(3) Street Address	(4) City	(5) Zip Code	(6) Occupancy Type	(7) General Funded (GSF)	(8) Non-General Funded (GSF)	(26) Disposal Date (MM/DD/YYYY)	(27) Disposal Process
					Select One ▼				Select One ▼
					Select One ▼				Select One ▼
					Select One ▼				Select One ▼
					Select One ▼				Select One ▼
					Select One ▼				Select One ▼
					Select One ▼				Select One ▼
					Select One ▼				Select One ▼
					Select One ▼				Select One ▼
					Select One ▼				Select One ▼
					Select One ▼				Select One ▼

BI Form, Infrastructure Tab

FY2026-27 Infrastructure Listing (OSA BI)										
(A) Agency/Institution:		Select from Bldg - Infra Summary Tab								
(1) Infrastructure Name	(2) Infrastructure Type	(3) Auxiliary or Enterprise Funded	(4) G.F. / Academic Funded Maintenance	(5) Location (above or below) ground	(6) Size in G.S.F.	(7) Measurement in Linear Feet	(8) Infrastructure System Value	(9) Date Built	(10) Date of Infrastructure Assessment	(11) Infrastructure Estimated Deficiency
				(12) Totals	-	-	\$ -			\$ -

Column (3): Enter “Auxiliary” or “Enterprise” to indicate how the infrastructure item is funded.

Column (4): Enter either “Yes” or “No” to indicate if the infrastructure item is funded with general fund (GF) or academic funds.


BI Form, Water Mgmt. Plan Tab

FY2026-27 Water Management Plan Submission (OSA BI)				
(A) Agency/Institution:		Select from Bldg - Infra Summary Tab		
(1) Total FY 2023-24 Potable Water Consumed (Kgals):	(2) Total FY 2014-15 Potable Water Reported in EnergyCAP:	(3) Area (SF) of Irrigated Landscape (OR):	(4) Area (Acre) of Irrigated Landscape:	(5) EnergyCAP:

Report the total potable water consumed for all sites per agency.

- 1) Enter the total FY 2023-24 potable water consumed as it is entered on the EnergyCAP software, other utility tracking software, or as reported by the local provider.
- 2) Enter YES or NO if the total FY 2014-15 potable water consumed was entered into the EnergyCAP software.
- 3) Enter square footage (SF) of irrigated landscape. (enter acre in next column)
- 4) Enter acreage of irrigated landscape. (enter SF. in previous column)
- 5) Enter YES or NO if potable water consumption is tracked in EnergyCAP. If NO, enter the date your agency is expected to input completed water data into EnergyCAP.

Vacant Facility Form

 COLORADO Office of the State Architect <small>Department of Personnel & Administration</small>	
FY2026-27 VACANT FACILITY MANAGEMENT PLAN (OSA VFMP)	
1) AGENCY / INSTITUTION:	3) OSA DELEGATE NAME:
2) SUBMITTAL DATE:	4) OSA DELEGATE EMAIL:
<p>Use the form to indicate facilities that are unoccupied or utilized per C.R.S. § 24-30-1303.5(3.5)(c) (1) as of the date of this submittal. The form should be used to report on long-term vacancies where there is no planned or potential use of the facility. Temporary and seasonal vacancies should not be reported. Minor unused space less than 1,000 square feet or less than 10% of the square feet within a facility do not require reporting.</p>	
FACILITY SPECIFIC INFORMATION	
5) FACILITY NAME:	16) INITIAL DATE VACANT:
6) FACILITY ADDRESS:	17) TOTAL GROSS SQUARE FEET:
7) COUNTY PARCEL NUMBER:	18) FACILITY FOOTPRINT IN SQUARE FEET OR ACRES:
8) REASON FOR UNOCCUPIED OR UNUSED:	19) NUMBER OF STORIES:
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)	20) UNUSED SQUARE FEET (If different from 17):
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)	21) LOCATION OF UNUSED SQUARE FEET WITHIN THE FACILITY:
A) HAS A COST-BENEFIT ANALYSIS BEEN COMPLETED FOR VARIOUS POTENTIAL DEMOLITION, RENOVATION, SALE ALTERNATIVES AND RENTING AT MARKET RATE:	22) YEAR BUILT:
B) IF THE FACILITY IS TO BE DEMOLISHED, ARE THERE PLANS TO USE THE RECYCLED MATERIALS IN OTHER ON-SITE CAPITAL CONSTRUCTION PROJECTS:	23) YEAR ACQUIRED:
C) ARE THERE ANY OTHER AGENCY / INSTITUTION INCENTIVES OR COST-SHARING OPPORTUNITIES ASSOCIATED WITH THE POTENTIAL DEMOLITION OF THIS VACANT FACILITY:	24) DESCRIBE TYPE OF CONSTRUCTION:
11) IS THE INTENDED USE IDENTIFIED IN THE FACILITIES MASTER PLAN: (PLEASE EXPLAIN)	25) AGENCY IDENTIFICATION NUMBER:
12) WHAT IS THE AGENCY / INSTITUTIONS PLAN FOR THIS VACANT FACILITY IF FUNDING IS NOT AVAILABLE IN THE NEXT 5 YEARS:	


- Statutory Revision requires submittal for all vacant facilities this year
- Used for long-term vacancies, with no planned or potential use
- Do NOT need to report:
 - Temporary and seasonal vacancies
 - Minor unused space (less than 1,000 square feet or less than 10% of facility square feet)
- Indicate if facility is within a FEMA Approved Flood Plain
- Demolished building- use OSA-VFMP
- Sold facility- use OSA-AD

Acquisition and Disposition Form

FY2026-27 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 COMPLETED 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 COMPLETED 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
- Reported on a FY basis
- Used for the purchase or sale of a building, facility, or property
 - Indicate if the real estate was included or only the building
- A request to acquire or dispose of a building needs to use the CC request form
- If the real estate is included, discuss any purchase or sale with the Real Estate Program

High Performance Certification Program

 COLORADO Office of the State Architect		FY2026-27 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. <u>ANNUAL FACILITY MANAGEMENT REPORTING FORMS</u> ^{(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⁾	

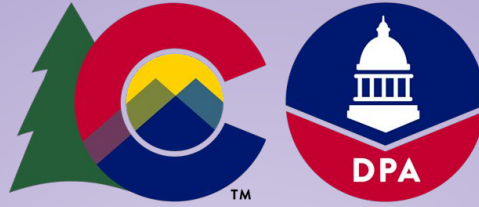
Indicate the
Quantity of
forms

⁽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 “FY26-27 OSA T (IHE)” form when submitting to OSA
 - The “FY26-27 Transmittal Form” when submitting to CDHE, found on their website at <https://higher.ed.Colorado.gov/capital-construction>
- State Departments will only use the “FY26-27 OSA T” form



COLORADO

**Department of Personnel
& Administration**

**OSA Training: Controlled Maintenance
(CM) Forms (Section 3 of Instructions)
April 2025**

CM Five Year Plan

Controlled Maintenance Project Request - Five Year Plan FY2026-27 to FY2030-31 (CM 5P)											
(A) Agency/Institution:			(B) Agency/Institution Signature Approval:						Date		
(C) OSA Delegate Signature:			(D) OSA Review Signature:						Date		
(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) FY26/27 Budget Request	(9) FY27/28 Budget Request	(9) FY28/29 Budget Request	(9) FY29/30 Budget Request	(9) FY30/31 Budget Request
					\$ -						
					\$ -						
(10) Totals for each Fiscal Year							\$0	\$0	\$0	\$0	\$0
(11) Grand Total of the Five Year Plan							\$0				

All phases of a project 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 number of phases for this project.**
- 6) Sum of 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** in empty cells.

CM Project Request - Summary

FY2026-27 Controlled Maintenance Project Request (CM S)							
(A1) Agency/Institution Name:				(A2) Agency/IHE GSF			
(B) OSA Delegate Signature:							
(C) OSA Delegate Name:							
(D) Agency/Institution Signature Approval:							
(1) Agency / Institution Priority #	(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) 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:	\$	-			
		(g) 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 information should match the Narrative and Cost Estimate forms.
- Enter only "M" project numbers. Never internal tracking numbers.
- Don't forget to add your agency or institution priority number.
- If the Project includes CCF and any internal fund source, Call OSA on how to modify the form.

CM Narrative, Page 1

FY2026-27 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 **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 will be noted later on the form.

CM Narrative, Page 2

2) Description of CM Solution, by Phase:
<div></div>
3) Consequences (cost effects, program impacts, facility impacts, etc.) of <u>not</u> funding and justifying this specific project request:
<div></div>
4) Facility Condition Audit (Mandatory) - Include documentation <u>from most</u> 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.
<div></div>
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.
<div></div>

- 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, ongoing maintenance cost or emergency repairs because of the failing systems.
- Impact on FCI
- 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 2021/2022		
	FY 2022/2023		
	FY 2023/2024		
	FY 2024/2025		
(Subtotal)			\$

COST OF CURRENT PHASE ²			
Project Number:	Fiscal Year	Phase of Work	Cost of Current Phase (Per CM CS)
	FY 2025/2026		

FUTURE PHASE(S) FUNDING ³			
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 Phases: Enter information for only funded phases that are part of this project.
- Proposed Project Schedule: OSA needs to understand your ability to manage 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

FY2026-27 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.	Buy Clean Colorado Act			\$0	
21.	Accessibility			\$0	
22.	Contractor's General Conditions:		0%	\$0	
23.	Contractor's Overhead & Profit:		0%	\$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					
Calculate contingency percentage for total of professional services, construction improvements, and miscellaneous costs at 10%.					
29.				\$0	
Cost of Current Phase					
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-CMPRN, Section D, Project Phasing Cost Information tables, per Fiscal Year)					
30.				\$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.
- **Include any estimates** received and reference in the (Specify) lines. No need to copy the estimate line-by-line. Check estimate to see if it included GCs and O&P values.
- 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



[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

All BCCO Act waiver requests must be submitted to Bailey for review!

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⁾	

← Indicate the
Number of
projects

⁽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 for this current year.
- CM Summary is not required if there is no CM request for this current year.
- In the Narrative box 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 MOUs 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!

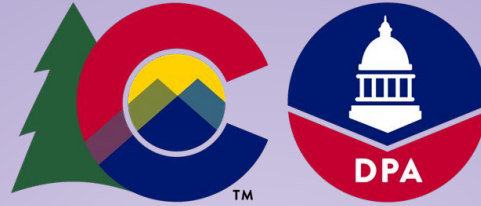
At our site visits OSA will be expecting to discuss:

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



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

Tours: If we don't see it, we can't score it!



COLORADO

**Department of Personnel
& Administration**

**OSA Training: Capital Construction &
Capital Renewal (CCCR) Forms
(Section 2 of Instructions) April 2025**

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 FY2026-27 to FY2030-31 (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 (HUTP)	\$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 (HUTP)	\$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:							
(3)	Impacted Programs:							
(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 (HUTP)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(11)	Total Funds (TF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

- 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

FY2026-27 CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - NARRATIVE (CCCR N)*			
A	(1) Project Title:		(2) OSA Delegate Signature: _____ Date: _____
B	(1) Agency:		(2) DPA's Risk Management ID#: If a new building list N/A
C	(1) Funding Type:		(2) State Controller Project # (if a continuation):
D	(1) Project Phase (Phase of):		(2) Principal Representative: _____ Date: _____
E	(1) Project Type: Capital Construction (CC) Capital Renewal (CR)		(2) OSA Review Signature: _____ Date: _____
F	(1) First Year Requested: FY _____ of _____		(2) Revision Date: _____
G	(1) Priority Number: _____		(2) Current Phase Cost: _____
H	(1) Total Project Cost: _____		

* Attach CCCR CS Form

A. FACILITY PLANNING DOCUMENTATION:

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. Do not provide in-depth information regarding the agency or program. 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 (CC):	\$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 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:				R:
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. Consult with Caitlin Casassa if you have questions.
- Provide operating budget that this completed project will require.

CCCR Cost Summary

FY2026-27 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) CCA Delegate Name:	-	(2) Project Type:					
(D)	(1) Year First Requested: FY	-	(2) State Controller/Project #:					
(E)	(1) Narrative Signature Date:	-	(2) Revision Date:					
(1)	(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
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 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(17)	Structure/Systems/Components	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(18)	Cost for New (GSF):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(19)	New at \$ X GSF	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(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 Program	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(26)	Buy Clean Colorado Act	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(43)	Total Project Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Contingency								

- 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

FY2026-27 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:	(2) OSA Review Signature:	Date
G	(1) Fiscal Year to be Modified:	(2) Revision Date:	Date

* Attach 5 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.

C1. 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.

C2. PRIOR APPROPRIATIONS SUMMARY:

Provide a brief summary of any prior appropriations authorized by the general assembly for the same or similar activity or purpose. If a previous appropriation was authorized in any bill other than the most recent Long Bill, agencies shall provide that information to OSPB for validation and verification with the OSC, as necessary.

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

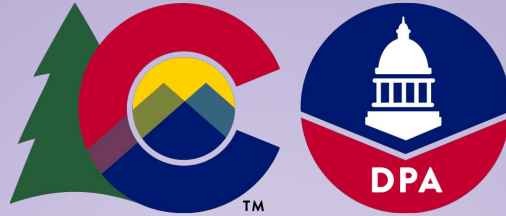
FY2026-27 SUPPLEMENTAL CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - COST SUMMARY (\$ CCCR C)						
(A)	(1) Funding Type:		(2) Project Title:			
(B)	(1) Agency:		(2) Project Phase being Modified:			
(C)	(1) Supplemental Type:		(2) State Controller Project #:			
(D)	(1) Project Type:		(2) OSA 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 (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⁾	

- 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