Department of Personnel & Administration

OSA Training: Annual Forms
March 2021

CCCR Status Report Form

Changes:
1. Deleted the Columns for Percent Committed and Percent Approved.
2. Added (9) Project Delivery Method
3. Added (14) Notes Column

FY2022-23 Capital Construction Capital Renewal Project - Status Report (OSA CCCR SR)

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

1. For State funded projects, one row per fiscal year of funding.
2. Project Title SHALL be as indicated in the Long Bill, NOT the name as submitted to OSA or CDHE in the request.
3. For State funded projects, DON'T edit the original (3) CCF Appropriation value.
4. If the State project receives a supplemental, enter the supplemental information on a separate row.
5. For self funded projects, please provide one (1) Project number to help track the project.

CM Status Report Form

Changes:
1. Deleted the Columns for Percent Committed and Percent Approved.
2. Added (8) Project Delivery Method
3. Added (13) Notes Column

FY2022-23 Controlled Maintenance Project - Status Report (OSA CM SR)												
(A) **Agency/Institution:** Date								(B) **OSA Delegate Signature/Date:**				Date
(1) Project Number	(2) Project Title, Phase	(3) CCF Appropriation ($)	(4) Other Funds ($)	(5) Date Funds Available	(6) Dollars Committed/ Contract Totals ($)	(7) Dollars Approved /Pay Application Totals ($)	(8) Project Delivery Method	(9) Date of Notice of Substantial Completion (SBP-07)	(10) Exhibit L1 Code Compliance Date	(11) Exhibit L2 (SC-4.1) Date	(12) Status	(13) Notes:

1. For all projects, one row per fiscal year of funding.
2. Project Title SHALL be as indicated in the Long Bill, NOT the name as submitted to OSA in the request.
3. If the project receives either transfer funds out or in, DON'T change the (3) Appropriation value. In the new Notes column, add a short note as indicated in the instructions.
   Ex. $123,456 to 2012-012M14 and Transferred $123,456 from 2016-011M14.

BI form, Building Tab

FY2022-23 Building Inventory (OSA BI)																		
(A) **Agency/Institution:**							0											
(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.C.I. (Reported) R/FCI	(12) F.C.I. (Target) T/FCI	(13) Calculated Deficiency = CRV x (1-R/FCI)	(14) Targeted Improvement = CRV x (1-T/FCI)	(15) Targeted Deficiency = R/DET-T/DET (columns 13 - 14)	(16) Building Code Deficiencies	(17) Current CCCR Projects	(18) Current CM Projects	(19) Current EM Projects
												$ -	$ -	$ -				
												$ -	$ -	$ -				
												$ -	$ -	$ -				
	(20) Totals		-	-	-	$ -								$ -	$ -			

No changes, BUT
1. If the building name is changed or is a new building, please add a comment in the (1) Building Name column.
2. If a building no longer exists for whatever reason, please cut/paste the line with complete information below the totals.
3. For columns 4, 5, and 6, leave BLANK if there is no value. Don't enter a zero.
4. Any value in column (6) Vacant building should also be in columns 4 or 5.
5. Column (9) Date Acquired. Only enter a value if different than (8) Date built.
6. Columns (10) Date of Facility Audit and (11) F.C.I. value should both be filled in together.
7. Only enter Building information, never infrastructure information. If there are buildings on the land, enter the building information, but enter the infrastructure information on the correct tab.

BI Form, Infrastructure Tab

	FY2022-23 Infrastructure Listing (OSA BI)											
(A) **Agency/Institution:**		0										
(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) Current CCCR Projects	(12) Current CM Projects	(13) Current EM Projects

(14) Totals	-	-	$ -					$ -

No changes, BUT
1. For columns 4, 5, and 6, leave BLANK if there is no value. Don't enter a zero.
2. Only enter infrastructure information, never building information. If there are buildings on the land, enter the building information on the building tab.

Vacant Facility form
Only fill out if a new facility

Changes:
- Request County Parcel Number
- Re-numbered the items
- No Longer accepting TIFF files

FY2022-23 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:	16) INITIAL DATE VACANT:
6) FACILITY ADDRESS:	
7) COUNTY PARCEL NUMBER:	
8) REASON FOR UNOCCUPIED OR UNUSED:	
9) WHAT WAS THE FACILITY OCCUPANCY USE (Please Check Below): ☐ Office ☐ Retail ☐ Warehouse ☐ Classroom ☐ Other (Explain)	18) FACILITY FOOTPRINT IN SQUARE FEET OR ACRES:
10) FACILITY USE ALTERNATIVES (Please Check Below): ☐ Office ☐ Retail ☐ Warehouse ☐ Classroom ☐ Other (Explain)	19) NUMBER OF STORIES:
A) HAS A COST-BENEFIT ANALYSIS BEEN COMPLETED FOR VARIOUS POTENTIAL DEMOLITION, RENOVATION, SALE ALTERNATIVES AND RENTING AT MARKET RATE:	20) UNUSED SQUARE FEET (If different from 17):
B) IF THE FACILITY IS TO BE DEMOLISHED, ARE THERE PLANS TO USE THE RECYCLED MATERIALS IN OTHER ON-SITE CAPITAL CONSTRUCTION PROJECTS:	21) LOCATION OF UNUSED SQUARE FEET WITHIN THE FACILITY:
C) ARE THERE ANY OTHER AGENCY / INSTITUTION INCENTIVES OR COST-SHARING OPPORTUNITIES ASSOCIATED WITH THE POTENTIAL DEMOLITION OF THIS VACANT FACILITY:	22) YEAR BUILT:
11) IS THE INTENDED USE IDENTIFIED IN THE FACILITIES MASTER PLAN: (PLEASE EXPLAIN)	23) YEAR ACQUIRED:
	24) DESCRIBE TYPE OF CONSTRUCTION:
12) WHAT IS THE AGENCY / INSTITUTIONS PLAN FOR THIS VACANT FACILITY IF FUNDING IS NOT AVAILABLE IN THE NEXT 5 YEARS:	25) AGENCY IDENTIFICATION NUMBER:
13) ESTIMATED MARKET VALUE:	26) RISK MANAGEMENT NUMBER:
14) HOW WAS A VALUE DETERMINED (Please Check Below): ☐ Appraisal ☐ Broker Opinion of Value ☐ County Assessor ☐ Risk Management Insured Value ☐ Other	27) RISK MANAGEMENT INSURED VALUE:
15) DOES THE FACILITY HAVE FEDERAL OR STATE HISTORICAL DESIGNATION: ☐ Yes ☐ No	

SITE SPECIFIC INFORMATION	RISK MGMT INFORMATION
28) FACILITY PART OF A LARGER COMPLEX: ☐ Yes ☐ No	

FY2022-23 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: ☐ Yes ☐
6) PROPERTY ADDRESS:	
7) COUNTY PARCEL NUMBER:	
8) PROPERTY USE (Please Check Below): ☐ Office ☐ Retail ☐ Warehouse ☐ Classroom ☐ Land ☐ Other (Explain)	19) WAS THE TRANSACTION AN ☐ Acquisition OR ☐ Disposition
9) TRANSACTION AMOUNT (Amount Property Sold for):	20) TOTAL PARCEL SIZE (Acres):
10) WAS AN APPRAISAL CONDUCTED ON THE PROPERTY: ☐ Yes ☐ No	21) TOTAL BUILDING SIZE (Square Feet):
11) IF YES, WHAT WAS THE VALUE:	22) YEAR BUILT:
12) IF YES, WHEN WAS IT DATED:	23) AGENCY IDENTIFICATION NUMBER:
13) WAS AN EPA PHASE I ENVIRONMENTAL SURVEY DONE ON THE PROPERTY: ☐ Yes ☐ No	24) WAS DPA RISK MANAGEMENT OR INSTITUTION OF HIGHER EDUCATION RISK MANAGEMENT INFORMED OF THIS TRANSACTION: ☐ Yes ☐ No
14) IF YES, WHEN WAS IT DATED:	
15) IF YES, WAS ANY REMEDIATION REQUIRED TO BE COMPLETED (Explain and indicate if completed):	25) RISK MANAGEMENT IDENTIFICATION NUMBER:
16) WAS AN ALTA SURVEY DONE ON THE PROPERTY: ☐ Yes ☐ No	26) RISK MANAGEMENT INSURED VALUE:

PROPERTY / FACILITY SPECIFIC INFORMATION

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

28) DATE OF UPDATED FACILITIES MASTER PLAN:

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

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

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

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

33) IS PARKING INCLUDED: ☐ Yes ☐ No

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

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

Electronic submission required for all documents.
Provide purchase or sale documents in separate JPEG or PDF format. DO NOT EMBED IN ANY FORM.

Acquisition and Disposition form Required with all other forms in July

Changes:
- Request County Parcel Number
- Re-numbered the items
- No Longer accepting TIFF files
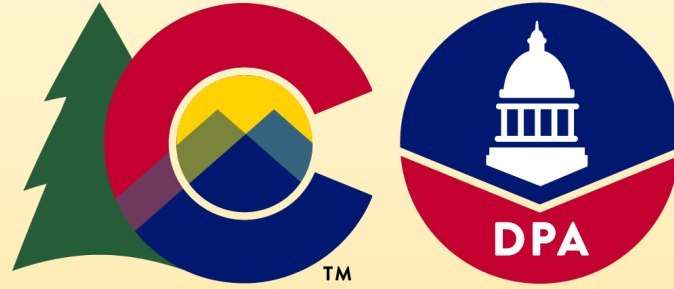
Transmittal Form, Annual Reporting Forms Table

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

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

Indicate the Quantity of forms

Questions & Thank You