

COLORADO

**Department of Personnel
& Administration**

**OSA Training: Capital Construction &
Capital Renewal (CCCR) Forms
March 2021**

PREVAILING WAGE



SENATE BILL 19-196

BY SENATOR(S) Lee and Danielson, Bridges, Fenberg, Fields, Foote, Ginal, Moreno, Pettersen, Story, Todd, Williams A., Winter, Zenzinger, also REPRESENTATIVE(S) Garnett and Duran, Arndt, Bird, Buckner, Buentello, Caraveo, Cutter, Esgar, Exum, Froelich, Galindo, Gonzales-Gutierrez, Gray, Hansen, Herod, Hooton, Jackson, Kennedy, Kipp, Kraft-Tharp, Lontine, McLachlan, Melton, Michaelson Jenet, Mullica, Singer, Sirota, Snyder, Sullivan, Titone, Valdez A., Weissman, Becker.

CONCERNING THE MODIFICATION OF PROCUREMENT REQUIREMENTS FOR
STATE CONTRACTS FOR PUBLIC PROJECTS.

- The State is requesting a 6-month delay in the roll-out of Prevailing Wage. The date of IHE Board approval remains July 1 2021.
- OSA is anticipating posting policies/templates and training in Late Summer with a soft roll out in November and full implementation January 2022.
- DPA is currently contracting for a single cloud-based electronic record system that each agency/IHE will contract for depending on the annual construction \$\$ anticipated.

GENERAL PW QUESTIONS?

CCCR Five Year Plan

Capital Construction Capital Renewal Project Request - Five Year Plan				FY2022-23 to FY2026-27	(CCCR 5P)
(A)	(1) Agency:		(2) Principle Representative Signature:		Date:
(B)	(1) OSA Delegate Name:		(2) Agency Revision Date:		Date:

← Fill in Revision Date if resubmitting.

	GRAND TOTALS	(b) Total Project Cost	(c) Total Prior Appropriation	(d) Current Year FY2022-23	(e) Year Two FY2023-24	(f) Year Three FY2024-25	(g) Year Four FY2025-26	(h) Year Five FY2026-27
(C)	Capital Constr Funds (CCF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Cash Funds (CF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Reappropriated Funds (RF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Federal Funds (FF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Highway Users (HUTF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Funds (TF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

(1)	(a) Project Title:							(b) Phase:
(2)	Brief Description of Project:							
(3)	Impacted 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 FY2022-23	(e) Year Two FY2023-24	(f) Year Three FY2024-25	(g) Year Four FY2025-26	(h) Year Five FY2026-27
(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

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

(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 FY2022-23	(e) Year Two FY2023-24	(f) Year Three FY2024-25	(g) Year Four FY2025-26	(h) Year Five FY2026-27
(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



CCCR Narrative, Page 1

FY2022-23 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#: <i>If a new building list N/A:</i>
C	(1) Funding Type:		(2) State Controller Project # (if a continuation):
D	(1) Project Phase (Phase_of_):		(2) Principal Representative Signature: _____ Date: _____
E	(1) Project Type:	Capital Construction (CC) Capital Renewal (CR)	(2) OSA Review Signature: _____ Date: _____
F	(1) First Year Requested: FY _____		(2) Revision Date: _____ Date: _____
G	(1) Priority Number: _____ of _____		(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?
- 2) Facility Condition Audit or other approved Facility Management Plans/Capital Renewal:
- 3) Enter Reported Facility Condition Audit Index Number (FCI) and Projected FCI:

Yes _____ No _____ Date Approved: _____
 Yes _____ No _____ Date Approved: _____
 Reported FCI: _____ Projected FCI: _____

B. PROJECT SUMMARY/STATUS:

Provide a brief scope description of the project and explain the status of each prior appropriated phase. See instructions for further detail.

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

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

D. PROGRAM INFORMATION:

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

E. PROJECT DESCRIPTION/SCOPE OF WORK/JUSTIFICATION:

Provide a detailed description of the project, phases, funding and any other information relevant to the project. Include whatever pertinent material available to support the request. See instructions for further detail.

History of Appropriated Projects funded with Controlled Maintenance, Capital Construction Capital Renewal, Emergency CM repairs, cash, or operational funds completed within the last fifteen (15) years or ongoing projects that can be associated with either this CCCR building or infrastructure request.		
Project No.	Project Title	Project Cost \$
		Completion Date or Status

- 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. Update BI when project is completed.
- 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 Life Cycle cost analysis based on a 30 year timeframe. Consult with Rod Vanderwall, if you have questions.
- If a 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 requirements that will be required if this request is approved.



COLORADO

Office of the State Architect

Department of Personnel & Administration

CCCR Cost Summary

FY2022-23 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 1)					
(C)	(1) CSA 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 Year Appropriations	(d) Current Request FY2022-23	(e) Year Two Request FY2023-24	(f) Year Three Request FY2024-25	(g) Year Four Request FY2025-26	(h) Year Five Request FY2026-27
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/System/Component	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(26)	Prevailing Wages	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(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 & Furnishings Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Contingency								
(43)	5% for New	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(44)	10% for Renovation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(45)	Total Contingency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(46)	Total Budget Request	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Funding Source								
(47)	Capital Construction Fund (CCF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(48)	Cash Funds (CF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(49)	Reappropriated Funds (RF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(50)	Federal Funds (FF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(51)	Highway Users Tax Fund (HUTF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(52)	Total Funds (TF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

- 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.
- Line 26: Going forward all construction costs over \$500K should have Prevailing Wage (PW) in their budgets.
- Older estimates may have PW broke out of the construction cost.
- New requests should have PW included in the construction 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 29 totals.



Supplemental CCCR Narrative

FY2022-23 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 (Phase_of_):		(2) State Controller Project #: _____
E	(1) Project Type:	Capital Construction (CC) Capital Renewal (CR)	(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?			

- 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.



COLORADO

Office of the State Architect

Department of Personnel & Administration

Supplemental CCCR Cost Summary

FY2022-23 SUPPLEMENTAL CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - COST SUMMARY (\$ CCCR CS)*					
(A)	(1) Funding Type:		(2) Project Title:		
(B)	(1) Agency:		(2) Project Phase (of):		
(C)	(1) Supplemental Type:		(2) State Controller Project #:		
(D)	(1) Project Type:		(2) OSA Delegate Name:		
(E)	(1) Original Appropriation Year:	FY	(2) Narrative Signature Date:		
(F)	(1) Fiscal Year to be Modified:	FY	(2) Revision Date:		

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

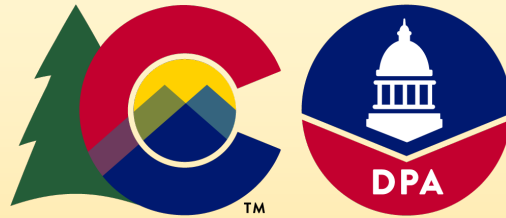


- Col. (b) will auto populate by adding c & f. This the revised total for the appropriated year.
- Col. (c) is any prior appropriations excluding the current year. If this is a one phase project this value will be zero. If this is a two phase project and you are changing the second year appropriation, 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.
- Col. (f) will auto populate by adding d & e for the new total for the modified year.

Transmittal Form, CCCR Table

A. <u>CAPITAL CONSTRUCTION CAPITAL RENEWAL BUDGET REQUEST FORMS (1):</u> (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 ⁽²⁾	
CCCR N	Capital Construction/Capital Renewal Project Request - Narrative	Quantity ⁽²⁾	
CCCR CS	Capital Construction/Capital Renewal Project Request - Cost Summary	Attached to CCCR N form	
S CCCR N	Supplemental Capital Construction/Capital Renewal Project Request - Narrative	Quantity ⁽²⁾	
S CCCR CS	Supplemental Capital Construction/Capital Renewal Project Request - Cost Summary	Attached to S CCCR N form	
Photographs	Photographs shall be submitted individually in either JPEG or PDF format AND named appropriately per project. Photographs may be grouped by project.	Quantity ⁽²⁾	

- Five Year Plan required every year. Even if there is no CCCR request this current year.
- For the Narrative and the Cost Summary, indicate in the Y/N/NA column, the **number** of projects being request this year. The number should match the number of projects on the CCCR Five Year plan.
- Photographs Y/N/NA should only be indicated as N/A if previously submitted photos were acceptable by OSA, otherwise list the number of photos submitted. Not Yes or No. Re-sending photos is not a problem.



Questions