



COLORADO

Office of the State Architect

Department of Personnel & Administration

State Buildings Program

Emergency Controlled Maintenance Program

Emergency Project Questionnaire

Date: _____

1. Provide a thorough description of the problem and include the location. Identify building(s) by name and Risk Management number.
2. To the best of your knowledge, when did the problem begin and to what extent has it worsened?
3. Does the problem pose any immediate health or safety hazards? Please explain:
4. Please provide an approximate cost to repair the problem now versus waiting and repairing at a later date. (**NOTE:** \$5,000 minimum).
5. To what extent is the problem disrupting operations, causing damage or deterioration and/or causing financial loss to the State of Colorado?

6. Please provide any additional information that might qualify this problem for emergency funding:
7. List all capital construction, controlled maintenance, and emergency projects that have been funded in the last eight years in this building(s) or area of facility if infrastructure. List project number, appropriation amount, description of project and date funded.
8. Do any of the listed active controlled maintenance projects, or any other active controlled maintenance projects, have any funds available to transfer? If yes, please include project number, name, and amount of funds available.
Yes ☐ No ☐
9. Was this issue part of your agency's Controlled Maintenance Five-Year Plan?
Yes ☐ No ☐
10. Please contact The Office of State Risk Management or appropriate entity to determine if this project is eligible for insurance reimbursement. When was contact made, was claim determined to be appropriate, and if yes please provide claim number?

11. If your agency is not part of the State Risk Management program please provide the contact information, and attach all claim information, for the adjuster that your agency is working with.

Insurance Company Name:

Fax #:

Contact Name:

Policy #:

Phone #:

Date Contacted:

Claim #:

Deductible Dollar Amount:

12. Is this facility listed on the national, state or local registers of historic places?

Yes ☐ No ☐

If yes, have you contacted the State Historical Fund to determine eligibility for an Emergency Grant?

Yes ☐ No ☐

Attach photographs and floor and/or site plans and provide citations to indicate location and to support this request.

Agency Contact:

Phone #:

State Agency Name:

Date Prepared:

Fax #:

Emergency Project Budget

Important: Attach contractor's proposal, architect/engineer's cost estimate, etc., to justify the budget request.

Agency: _____

Project Title: _____

Total Amount Requested: _____

I. Professional Services

Category/Description	Amount
A. Site Surveys, Investigations, Reports	\$
B. Architectural/Engineering Services	\$
C. Code Review/Inspection	\$
D. Construction Management	\$
E. Advertisements	\$
F. Other	\$
Total Professional Services	\$

II. Construction or Improvement

Category/Description	Amount
A. Infrastructure	\$
Utilities Services	\$
Site Improvements	\$
B. Structure/Systems/Components	\$
C. Other (explain)	\$
Total Construction or Improvement	\$

III. Project Contingencies (10%) \$ _____

IV. Equipment \$ _____

V. Other \$ _____

VI. Total \$ _____