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| **FY2026-27 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:** |  | Capital Construction (CC) | **(2) Principal Representative Signature:** | Date |
|  | Capital Renewal (CR) |
| **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:**

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)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | (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.

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| --- | --- | --- | --- |
| **Project No.** | **Project Title** | **Project Cost $** | **Completion Date or Status** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**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 verses 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.*

1. **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:**

|  |  |
| --- | --- |
| **Type of Fund** | **Information** |
| 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** |
| **$** | **$** | **$** | **$** |