

|  |
| --- |
| **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:

|  |
| --- |
|  |

2) Description of CM Solution, by Phase:

|  |
| --- |
|  |

3) Consequences (cost effects, program impacts, facility impacts, etc.) of not funding and justifying this specific project request:

|  |
| --- |
|  |

4) Facility Condition Audit (Mandatory) - Include documentation from most 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 – AS SEPARATE DOCUMENTS (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.

|  |
| --- |
|  |

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.

|  |
| --- |
|  |

**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 PHASES1**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 PHASE2**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Number: | Fiscal Year | Phase of Work | Cost of Current Phase (Per CM CS) |
|  | FY 2025/2026 |  |  |

**FUTURE PHASE(S) FUNDING3**

|  |  |  |  |
| --- | --- | --- | --- |
| 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)
 |  |  |  |
| 1. Design (Insert Dates)
 |  |  |  |
| 1. Construction (Insert Dates)
 |  |  |  |
| 1. Project Close-out/Final Completion (Insert Dates)
 |  |  |  |