

| **FISCAL YEAR 2026-27**  **BUDGET REQUEST SUBMISSION & ANNUAL FACILITY MANAGEMENT REPORTING TRANSMITTAL**  **OSA T (for State Departments)** | |
| --- | --- |
| To: | OFFICE of the STATE ARCHITECT |
| (A) Agency/Institution: |  |
| (B) Date Submitted: |  |
| (C) OSA Delegate Signature: |  |
| (D) Preparer Name: |  |

| 1. **CAPITAL CONSTRUCTION CAPITAL RENEWAL BUDGET REQUEST FORMS (1):**   (Copy to OSPB all CCCR forms) | | | Yes, No. or N/A |
| --- | --- | --- | --- |
| CCCR 5P | Capital Construction/Capital Renewal Project Request - Five Year Plan  *(Required to be submitted to OSA annually, even if there are no current year CCCR project requests being submitted)* | Required **(3)** |  |
| 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)** |  |

| **B. CONTROLLED MAINTENANCE BUDGET REQUEST FORMS (1):** | |  | Yes, No. or N/A |
| --- | --- | --- | --- |
| CM 5P | Controlled Maintenance Project Request - Five Year Plan | Required **(3)** |  |
| CM S | Controlled Maintenance Project Request - Summary | Required **(3)** |  |
| CM N | Controlled Maintenance Project Request - Narrative | Quantity **(2)** |  |
| CM CS | Controlled Maintenance Project Request - Cost Summary | Attached to  CM 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)** |  |

(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.

| **C. ANNUAL FACILITY MANAGEMENT REPORTING FORMS (1), (3):** | |  | Yes, No. or N/A |
| --- | --- | --- | --- |
| OSA AMSP | Asset Management Strategy Plan | Required |  |
| OSA CPSR | Construction 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