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| **FY2026-27 VACANT FACILITY MANAGEMENT PLAN (OSA VFMP)** |
| 1) AGENCY / INSTITUTION: 2) SUBMITTAL DATE: | 3) OSA DELEGATE NAME:4) OSA DELEGATE EMAIL: |

Use the form to indicate facilities that are unoccupied or utilized per C.R.S. § 24-30-1303.5(3.5)(c) (1) as of the date of this submittal. The form should be used to report on long-term vacancies where there is no planned or potential use of the facility. Temporary and seasonal vacancies should not be reported. Minor unused space less than 1,000 square feet or less than 10% of the square feet within a facility do not require reporting.

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| **FACILITY SPECIFIC INFORMATION** |
| 5) FACILITY NAME:6) FACILITY ADDRESS:7) COUNTY PARCEL NUMBER:8) REASON FOR UNOCCUPIED OR UNUSED:9) WHAT WAS THE FACILITY OCCUPANCY USE (Please Check Below): ☐ Office ☐ Retail ☐ Warehouse ☐ Classroom  ☐ Other (Explain)10) FACILITY USE ALTERNATIVES (Please Check Below): ☐ Office ☐ Retail ☐ Warehouse ☐ Classroom  ☐ Other (Explain)1. HAS A COST-BENEFIT ANALYSIS BEEN COMPLETED FOR VARIOUS POTENTIAL DEMOLITION, RENOVATION, SALE ALTERNATIVES AND RENTING AT MARKET RATE:
2. IF THE FACILITY IS TO BE DEMOLISHED, ARE THERE PLANS TO USE THE RECYCLED MATERIALS IN OTHER ON-SITE CAPITAL CONSTRUCTION PROJECTS:
3. ARE THERE ANY OTHER AGENCY / INSTITUTION INCENTIVES OR COST-SHARING OPPORTUNITIES ASSOCIATED WITH THE POTENTIAL DEMOLITION OF THIS VACANT FACILITY:

11) IS THE INTENDED USE IDENTIFIED IN THE FACILITIES MASTER PLAN: (PLEASE EXPLAIN)12) WHAT IS THE AGENCY / INSTITUTIONS PLAN FOR THIS VACANT FACILITY IF FUNDING IS NOT AVAILABLE IN THE NEXT 5 YEARS:13) ESTIMATED MARKET VALUE:14) HOW WAS A VALUE DETERMINED (Please Check Below): ☐ Appraisal ☐ Broker Opinion of Value ☐ County Assessor  ☐ Risk Management Insured Value ☐ Other15) DOES THE FACILITY HAVE FEDERAL OR STATE HISTORICAL DESIGNATION: ☐ Yes ☐ No | 16) INITIAL DATE VACANT: 17) TOTAL GROSS SQUARE FEET:18) FACILITY FOOTPRINT IN SQUARE FEET OR ACRES:19) NUMBER OF STORIES:20) UNUSED SQUARE FEET (If different from 17):21) LOCATION OF UNUSED SQUARE FEET WITHIN THE FACILITY:22) YEAR BUILT:23) YEAR ACQUIRED:24) DESCRIBE TYPE OF CONSTRUCTION:25) AGENCY IDENTIFICATION NUMBER:26) RISK MANAGEMENT NUMBER:27) RISK MANAGEMENT INSURED VALUE: |
| **SITE SPECIFIC INFORMATION** | **RISK MGMT INFORMATION** |
| 28) FACILITY PART OF A LARGER COMPLEX: ☐ Yes ☐ No29) IF YES, DESCRIBE NUMBER OF BUILDINGS AND INDICATE ACREAGE:30) CAN THIS FACILITY AND ASSOCIATED ACREAGE BE PARCELED OUT: ☐ Yes ☐ No (if Yes, please indicate how)A) IS THERE POTENTIAL TO SELL THE UNDERLYING LAND IF THE VACANT FACILITY WAS DEMOLISHED? (Please Explain)31) SERVED BY CENTRAL UTILITY SYSTEM: ☐ Yes ☐ No32) DOES THE FACILITY HAVE ITS OWN DEDICATED INGRESS AND EGRESS FOR VEHICLES (not driving through a campus): ☐ Yes ☐ No33) IS PARKING INCLUDED: ☐ Yes ☐ No34) IS THIS BUILDING/PROPERTY WITHIN A FEMA APPROVED FLOODPLAIN PLAN: ☐ Yes ☐ No |
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| **CURRENT FACILITY CONDITION**  |
| 35) HAVE ANY CONDITION AUDITS BEEN DONE ON THE FACILITY? (If yes provide date of audit and Facility Condition Index)  ☐ Yes ☐ No 36) DATE OF AUDIT:37) FCI #:38) DESCRIBE ANY LIFE SAFETY CONDITIONS AND OR HAZARDOUS MATERIALS: |
| 1. IF APPLICABLE, WHAT ARE THE COSTS ASSOCIATED WITH ASBESTOS ABATEMENT AND HAZARDOUS MATERIALS REMOVAL:

39) WHAT IS THE CURRENT STATE OF THE BUILDING:  ☐ Wet Closed (The building is heated year around and the water has not been drained) ☐ Dry Closed (The building had the water shut off, drained and is unheated, or no water system)40) CURRENT ANNUAL COST TO MAINTAIN FACILITY IN ITS CURRENT CONDITION (Provide Detailed Breakdown): |

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| **CHANGE IN VACANT FACILITY STATUS**  |
| 41) EXPLAIN THE CHANGE IN THE STATUS OF THE VACANT FACILITY  ☐ Demolished, ☐ Property Sold (if sold, report information within the OSA AD from), ☐ Property Transfer to another state agency/institution, ☐ Other (Explain)  |

Electronic submission required for all documents.

Provide project request pictures/drawings in separate JPEG or PDF format. DO NOT EMBED IN ANY FORM.