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| **FY2026-27 SUPPLEMENTAL CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - NARRATIVE (S CCCR N)\*** | | | | | |
| A | (1) Project Title: |  | | | |
| B | (1) Agency: |  | | (2) OSA Delegate Signature: | Date |
| C | (1) Funding Type: |  | | (2) Supplemental Type: |  |
| D | (1) Project Phase being Modified |  | | (2) State Controller Project #: |  |
| E | (1) Project Type: |  | Capital Construction (CC) | (2) Principal Representative Signature: | Date |
|  | Capital Renewal (CR) |
| F | (1) Original Appropriation Year: | FY | | (2) OSA Review Signature: | Date |
| G | (1) Fiscal Year to be Modified: | FY | | (2) Revision Date: | Date |

\* Attach S CCCR CS

1. **SUPPLEMENTAL CRITERIA:**

*Describe how the supplemental meets the criteria required for submission. See instructions for further detail.*

1. **SUPPLEMENTAL JUSTIFICATION:**

*Describe the problem along with the conditions leading to the necessity of this supplemental request and the proposed solution. See instructions for further detail.*

**C1. PROJECT SUMMARY/STATUS:**

*Provide a brief scope description of the project and explain the status of each prior appropriated phase. See instructions for further detail.*

**C2. PRIOR APPROPRIATIONS SUMMARY:**

*Provide a brief summary of any prior appropriations authorized by the general assembly for the same or similar activity or purpose. If a previous appropriation was authorized in any bill other than the most recent Long Bill, agencies shall provide that information to OSPB for validation and verification with the OSC, as necessary.*

1. **SUMMARY OF FUNDING CHANGE:**

*See instructions for further detail.*

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| --- | --- | --- | --- |
| **Fiscal Year to be Modified** | **Total Funds** | **Capital Construction Fund (CCF)** | **Cash Funds (CF)** |
| FY20\_\_\_-\_\_\_ | $ | $ | $ |

1. **ASSUMPTIONS FOR CALCULATIONS AND CASH FUND PROJECTION:**

*Describe the calculations used to justify the funding amount requested in the Cost Summary. See instructions for further detail.*

1. **CONSEQUENCES IF NOT FUNDED:**

*Explain the likely outcome if this request is not approved. See instructions for further detail.*

1. **ADDITIONAL REQUEST INFORMATION:**

*Provide any additional information necessary to fully explain the supplemental request. See instructions for further detail.*

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| **Additional Request Information** | **Yes** | **No** | **Additional Information** |
| Is this request driven by a new statutory mandate? |  |  |  |
| Will this request require a statutory change? |  |  |  |
| Is this a one-time request? |  |  |  |
| Will this request involve any IT components? |  |  |  |
|  |  |  |  |