

COLORADO

**Department of Personnel
& Administration**

**OSA Training: Instructions and Forms
March 2022**

Introductions

Cheri Gerou, State Architect

Bailey Vigil, Buildings GHG Emissions Analyst

Brandon Ates, Manager, Real Estate Programs

Garth Braun, Manager, Statewide Planning Program

Kathy Miller, Apprenticeship and Prevailing Wage Analyst

Paula Greenwood, Administrative Assistant

Rod Vanderwall, Manager, Energy Programs

Tana Lane, Manager, State Buildings Program

Vacant Positions:

Analyst II (PW)

Architect III (SPP)

Real Estate Specialist IV(RE)

Agenda:

- Meeting Kick Off - Cheri Gerou
- Budget Request Submission Instructions Updates
- Site Visit Update
- Prevailing Wage
- Code Updates
- CCCR Request Updates
- CM Request Updates
- Annual Forms Updates



Instruction Updates

- Instructions are updated yearly
 - **Use New Instructions**
 - **BLUE text** = Changes
 - **RED text** = Important note
- All forms are OSA forms
 - Modifications to the forms are NOT permitted



Instruction Updates

- Critical Dates
 - May 6
 - Last date to submit FPP's to OSA for state agencies current year CC project requests.
 - June 28
 - All OSA visits completed
 - July 1
 - Due date for State Agency's CCCR forms to OSA
 - July 8
 - Due date for **ALL** Annual and CM forms to OSA

2022													
5 May							6 June						
8	M	T	W	T	F	8	8	M	T	W	T	F	8
1	2	3	4	5	6	7				1	2	3	4
8	9	10	11	12	13	14	5	6	7	8	9	10	11
15	16	17	18	19	20	21	12	13	14	15	16	17	18
22	23	24	25	26	27	28	19	20	21	22	23	24	25
29	30	31					26	27	28	29	30		
printfreesizes.com							7 July						
							5	M	T	W	T	F	5
												1	2
							3	4	5	6	7	8	9
							10	11	12	13	14	15	16
							17	18	19	20	21	22	23
							24	25	26	27	28	29	30
							31						
							printfreesizes.com						

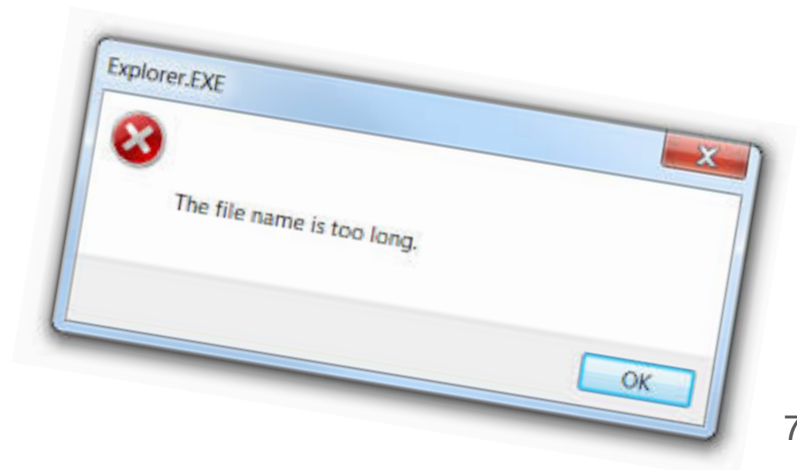
Documents for Submittals

- Current Fiscal Year forms must be used
 - Form content may be modified yearly by OSA
 - NEW forms must be used every year
 - Form color will change yearly
 - FY23-24 are **TEAL** in color



Naming Files for Submittals

- File Naming Requirements
 - <Agency><FY##-##><Form ID><Priority #><Short Project Name>
 - Examples in the following charts
- File names should not be more than 70 characters, including spaces
 - Project names should be short or abbreviated (*Caution: Folders and subfolder names will effect the file name length i.e. Google files can be lengthy if the files are in folders*)
 - No underscores, symbols or dashes (except in the Fiscal Year)
 - No password protected files
 - Revised forms should be identified at the end of the file name with R1, R2 and so on
- Files will be rejected if not named according to OSA guidelines



Naming Files for Submittals

- File Naming Requirements - EXAMPLES
- **Annual Forms**

Agency Acronym	Fiscal Year (FY23-24)	Form Name	Project Priority	Project Name	File Name Example
XXX	FY##-##	OSA AD	N/A	Tower Bldg	ACC FY23-24 OSA AD Tower Bldg
XXXX	FY##-##	OSA AMSP	N/A	N/A	CNCC FY23-24 OSA AMSP
XXXX	FY##-##	OSA BI	N/A	N/A	CDHS FY23-24 OSA BI
XXXXX	FY##-##	OSA CCCR SR	N/A	N/A	CDPHE FY23-24 OSA CCCR-SR
XXX	FY##-##	OSA CM SR	N/A	N/A	
XXX X	FY##-##	OSA EPC	N/A	2019 Project	CSU P FY23-24 OSA EPC 2019 Project
XXX	FY##-##	OSA Exhibit K	N/A	N/A	
XXX	FY##-##	OSA HPCP	N/A	IMIG Music	UCB FY23-24 OSA HPCP IMIG MUSIC
XXX	FY##-##	OSA T (IHE)	N/A	N/A	
XXX	FY##-##	OSA T (State)	N/A	N/A	
XXXX	FY##-##	OSA VFMP	N/A	Bldg 700	CCCS FY23-24 OSA VFMP Bldg 700
3-5	7	6-13	2	Less than 30 characters	Less than 70 characters total (including spaces. NO underscores or dashes except in Fiscal Year).

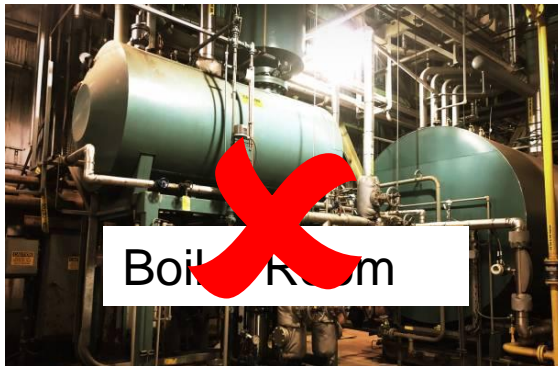
Naming Files for Submittals

- File Naming Requirements - EXAMPLES
- **Controlled Maintenance**

Agency Acronym	Fiscal Year (FY23-24)	Form Name	Project Priority	Project Name	File Name Example
XXXX	FY##-##	CM S	N/A	N/A	FRCC FY23-24 CM S
XXX	FY##-##	CM 5P	N/A	N/A	OIT FY23-24 CM 5P
XXX XXX	FY##-##	CM N	07	Main Bldg ADA and Door Security	DPA CGW FY23-24 CM N 07 Main Bldg ADA and Door Security
XXX XXX	FY##-##	CM CS	07	Main Bldg ADA and Door Security	DPA CGW FY23-24 CM CS 07 Main Bldg ADA and Door Security
XXX XXX	FY##-##	CM LCC	07	Main Bldg ADA and Door Security	DPA CGW FY23-24 CM LCC 07 Main Bldg ADA and Door Security
3-7	7	4-6	2	Less than 30 characters	Less than 70 characters total (including spaces. NO underscores or dashes except in Fiscal Year).

Naming Photos for Submittals

- Photos must be identified by Agency and PROJECT
- Photos must be in PDF or JPEG format (NOT WORD)
- Photos must be submitted per PROJECT
 - May submit numerous photos for each project in one PDF file, but do NOT combine with different project photos
- All labels should be outside the image



Boiler Room

- Maps should be submitted as requested below:
 - **Submit two (2) site maps**
 - **One unmodified, one with project information**

Form Updates

- Forms may be modified yearly by OSA
 - Use **new forms**
 - Colored forms
 - FY23-24 are **TEAL**
 - **BLUE text** = changes on forms AND instructions
 - **Failure to use new forms will cause documents to be rejected**
- Completed forms and revisions **must** be sent to *Paula Greenwood* at paula.greenwood@state.co.us and the *agency's OSA representative*

Form Updates


- In addition to submitting all forms to OSA, **Executive Departments** are required to also send CCCR forms to OSPB as indicated within the instructions in Section 1.7 Budget Request Submission Transmittal
- All links within the files and password protection of the files must be removed prior to submission



Agency Site Visits - May to June

Pre Site Visit Draft Form Submission Requirements

- CCCR and CM Status Report Spreadsheets
- CCCR 5 Year Plan Spreadsheet
- CCCR Narrative
- CM 5 Year Plan Spreadsheet
- CM Narrative

 **COLORADO**
Office of the State Architect

FY2023-24 CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - NARRATIVE (CM N)

A	(1) Project Title:		(2) C
B	(1) Agency:		(2) D
C	(1) Funding Type:		ID#.
D	(1) Project Phase (Phase _of_):		(2) St
E	(1) Project Type:	Capital Construction (CC) Capital Renewal (CR)	(2)
F	(1) First Year Requested:	FY ____ of ____	
G	(1) Priority Number:		
H	(1) Total Project Cost:		

* Attach CCCR CS Form



ENANCE PROJECT REQUEST - NARRATIVE (CM N)

FY23-24

(2) Project Phase (Phase _of_):	
(2) State Controller Project #: (if continuation)	
(2) Date:	
(2) Revision Date:	
(2) Cost of Current Year:	

Prevailing Wage



SENATE BILL 19-196

BY SENATOR(S) Lee and Danielson, Bridges, Fenberg, Fields, Foote, Ginal, Moreno, Pettersen, Story, Todd, Williams A., Winter, Zenzinger; also REPRESENTATIVE(S) Garnett and Duran, Arndt, Bird, Buckner, Buentello, Caraveo, Cutter, Esgar, Exum, Froelich, Galindo, Gonzales-Gutierrez, Gray, Hansen, Herod, Hooton, Jackson, Kennedy, Kipp, Kraft-Tharp, Lontine, McLachlan, Melton, Michaelson Jenet, Mullica, Singer, Sirota, Snyder, Sullivan, Titone, Valdez A., Weissman, Becker.

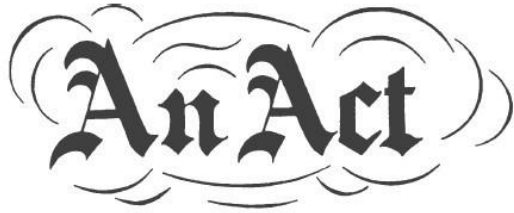
CONCERNING THE MODIFICATION OF PROCUREMENT REQUIREMENTS FOR STATE CONTRACTS FOR PUBLIC PROJECTS.

- Fully implemented and rolled out 1/1/2022
- Prevailing wage is required for all Public Projects in the amount of \$500,000 or more.
- OSA had updated the policies and procedures. Forms and templates are available on the OSA website, under the Prevailing Wage tab.
- All agencies and IHE are required to have an executed task order with LCPtracker. If this has not been done, it must be finalized NOW.
- Training is in progress for all Agencies and IHE that have an executed task order. If your group has not had at least one training session, please contact Kathleen.miller@state.co.us to schedule.
- Contractor training is available the 3rd Wednesday of every month.



COLORADO
Office of the State Architect
Department of Personnel & Administration

Prevailing Wage



General Prevailing Wage Questions?

Contact: Kathleen Miller

Kathleen.miller@state.co.us

303-866-2562

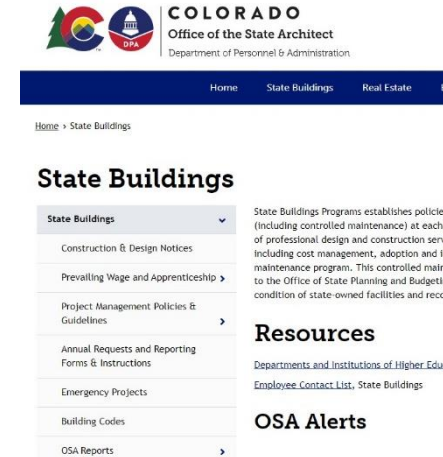
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CONCERNING THE MODIFICATION OF PROCUREMENT REQUIREMENTS FOR STATE CONTRACTS FOR PUBLIC PROJECTS.

State Buildings Program Changes

- Look for ALERTS on the SBP webpage
 - ALERT 005: With the passing of SB21-199 - removed *Certification and Affidavit regarding unauthorized Immigrants (UI-1)* from OSA templates
- Adopting 2021 ICC Codes - July 1
 - With input from our Code Consultants, adopting Appendices



State Buildings Program Changes

BIG YEAR FOR TEMPLATE CHANGES

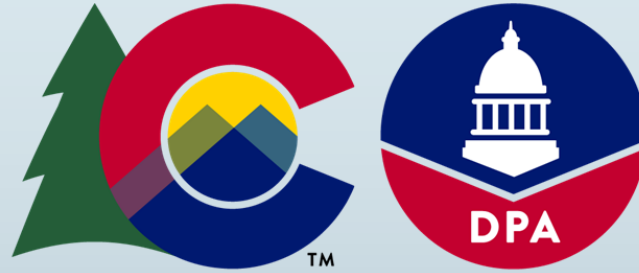
- Renewal of Contract Waivers - affects all contract agreements for consistency among OSA templates and State Controller templates

Revised outline form:

RECITALS:.....	
1	ARTICLE 1. BASIC SERVICES OF ARCHITECT/ENGINEER....
1.1	THE SERVICES.....
1.1.1	Professional Services
1.2	DEVELOPMENT OF THE PROJECT
1.2.5	Bidding Phase.....
2	ARTICLE 2. REIMBURSABLE EXPENSE.....

Provided restrictive editing capabilities

WHEREAS, the State has **Appropriated** and the Principal Representative has been authorized to expend the total sum of Insert dollar value written in words Dollars (\$) for this project including all professional services, construction/improvements, project contingencies, furnishings, movable equipment, reimbursable expenses and miscellaneous expenses; and



COLORADO

**Department of Personnel
& Administration**

**OSA Training: Capital Construction &
Capital Renewal (CCCR) Forms
March 2022**

CCCR Five Year Plan

Capital Construction Capital Renewal Project Request - Five Year Plan				FY2023-24 to FY2027-28			(CCCR 5P)	
(A)	(1) Agency:		(2) Principle Representative Signature:				Date:	
(B)	(1) OSA Delegate Name:		(2) Agency Revision Date:				Date:	
(C)	GRAND TOTALS	(b) Total Project Cost	(c) Total Prior Appropriation	(d) Current Year FY2023-24	(e) Year Two FY2024-25	(f) Year Three FY2025-26	(g) Year Four FY2026-27	(h) Year Five FY2027-28
	Capital Constr Funds (CCF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Cash Funds (CF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Reappropriated Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Federal Funds (FF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Highway Users (HUTF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	Total Funds (TF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(1)	(a) Project Title:					(b) Phase:		
(2)	Brief Description of Project:							
(3)	Impacted Programs:							
(4)	(a) Priority Number:	(b) Project Type:	-			(c) Gross Square Feet:		
(5)	(a) Funding Source	(b) Total Project Cost	(c) Total Prior Appropriation	(d) Current Year FY2023-24	(e) Year Two FY2024-25	(f) Year Three FY2025-26	(g) Year Four FY2026-27	(h) Year Five FY2027-28
(6)	Capital Constr Funds (CCF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(7)	Cash Funds (CF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(8)	Reappropriated Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(9)	Federal Funds (FF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(10)	Highway Users (HUTF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(11)	Total Funds (TF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(1)	(a) Project Title:					(b) Phase:		
(2)	Brief Description of Project:							
(3)	Impacted Programs:							
(4)	(a) Priority Number:	(b) Project Type:	-			(c) Gross Square Feet:		
(5)	(a) Funding Source	(b) Total Project Cost	(c) Total Prior Appropriation	(d) Current Year FY2023-24	(e) Year Two FY2024-25	(f) Year Three FY2025-26	(g) Year Four FY2026-27	(h) Year Five FY2027-28
(6)	Capital Constr Funds (CCF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(7)	Cash Funds (CF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(8)	Reappropriated Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(9)	Federal Funds (FF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(10)	Highway Users (HUTF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
(11)	Total Funds (TF)	\$0	\$0	\$0	\$0	\$0	\$0	\$0

- Fill in Revision Date if resubmitting
- Project Title SHALL match the Narrative and Cost Summary forms.
- Enter the Phase.



CCCR Narrative, Page 1

FY2023-24 CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - NARRATIVE (CCCR N)*			
A	(1) Project Title:		(2) OSA Delegate Signature: _____ Date _____
B	(1) Agency:		(2) DPA's Risk Management ID#, if a new building list N/A: _____
C	(1) Funding Type:		(2) State Controller Project # (if a continuation): _____
D	(1) Project Phase (Phase __ of __):		(2) Principal Representative Signature: _____ Date _____
E	(1) Project Type:		(2) OSA Review Signature: _____ Date _____
F	(1) First Year Requested: FY _____		(2) Revision Date: _____ Date _____
G	(1) Priority Number: _____ of _____		(2) Current Phase Cost: _____
H	(1) Total Project 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: _____

B. 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.

C. SUMMARY OF PROJECT FUNDING REQUEST: (from CCCR CS form, Rows 47 through 52)

(a) Funding Source	(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
(52) 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.			
Project No.	Project Title	Project Cost \$	Completion Date or Status

- Project Title SHALL match the Five Year Plan and Cost Summary forms.
- Risk Management #, N/A if new building.
- Provide revision date. Forms will need to be resubmitted to OSPB after approved by OSA.
- Date approved by OSA.
- Provide projected FCI after completion of project. Update BI when project is completed.
- See instructions for a detailed list of information requested in the Project Description section related to CCCR projects. This form is also used for acquisitions/dispositions of real property.
- Provide past appropriated projects or operational funding directly related to this request. Not a listing of all previous CR or CM projects related to the entire building.

CCCR Narrative, Page 2

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 versus 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.

I. 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:

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
		\$

- Provide names and dates of attached reports, findings, estimates relied upon.
- Provide Life Cycle cost analysis based on a 30 year timeframe. Consult with Rod Vanderwall, if you have questions.
- If a waiver is requested, the request must be submitted to Rod Vanderwall, prior to submitting the budget request.
- See instructions regarding the requirement to address the Governor's Executive Orders.
- Provide operating budget requirements that will be required if this request is approved.



CCCR Cost Summary

FY2023-24 CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - COST SUMMARY (CCCR CS) *									
(1)	(1) Fund/Type:	(2) Project Title:	(3) Project Phase (a-f):	(4) Project Type:	(5) State Controller Project #:	(6) Revision Date:			
(2)	(1) Agency/Institution:	(2) Project Phase (a-f):	(3) Project Type:	(4) Project Type:	(5) State Controller Project #:	(6) Revision Date:			
(3)	(1) OSA Delegate Name:	(2) Project Phase (a-f):	(3) Project Type:	(4) Project Type:	(5) State Controller Project #:	(6) Revision Date:			
(4)	(1) Year First Requested: FY	(2) Project Phase (a-f):	(3) Project Type:	(4) Project Type:	(5) State Controller Project #:	(6) Revision Date:			
(5)	(1) Narrative Signature Date:	(2) Project Phase (a-f):	(3) Project Type:	(4) Project Type:	(5) State Controller Project #:	(6) Revision Date:			
(1)	(a) Project Budget Cost Components and Funding Sources	(b) Total Project Cost	(c) Total Prior Year Appropriation	(d) Current Request FY2023-24	(e) Year Two Request FY2024-25	(f) Year Three Request	(g) Year Four Request	(h) Year Five Request FY2027-28	
Land/Building - Acquisition/Disposition									
(2)	Land Acquisition/Disposition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(3)	Building Acquisition/Disposition	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(4)	Total	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional Services									
(5)	Planning/Documentation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(6)	Site Survey, Investigation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(7)	Architectural/Engineering/Basic Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(8)	Code Review/Inspection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(9)	Construction Management	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(10)	Advertisements	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(11)	Other (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(12)	Inflation Cost for Professional	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(13)	Inflation Percentage Applied		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(14)	Total Professional	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Construction or Improvement (attached detailed cost)									
(15)	Infrastructure Service/Utility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(16)	Infrastructure Site Improvement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(17)	Structure/System Component	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(18)	Cost for New (GSF):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(19)	New at \$:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(20)	Cost for Renovation (GSF):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(21)	Renovation at \$:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(22)	Cost for Capital Renewal (GSF):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(23)	Renewal at \$:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(24)	Other (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(25)	High Performance Certification	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(26)	Prevailing Wage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(27)	Accessibility	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(28)	Inflation for Construction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(29)	Inflation Percentage Applied		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(30)	Total Construction Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment and Furnishings									
(31)	Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(32)	Furnishings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(33)	Communications	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(34)	Inflation for Equipment \$:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(35)	Inflation Percentage Applied		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
(36)	Total Equipment and Furnishings	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Miscellaneous									
(37)	Art in Public Place	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(38)	Relocation Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(39)	Other Cost (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(40)	Other Cost (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(41)	Other Cost (Specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(42)	Total Misc. Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(43)	Total Project Cost	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(44)	Project Contingency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(45)	5% for New	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(46)	10% for Renovation	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(47)	Total Contingency	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(48)	Total Project Request	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(49)	Funding Source	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(50)	Capital Construction Fund (CCF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(51)	Capital Fund (CF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(52)	Reappropriated Fund (RF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(53)	Federal Fund (FF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(54)	Highway User Tax Fund (HUTF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
(55)	Total Fund (TF)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

- Provide revision date. Forms will need to be resubmitted to OSPB after approved by OSA.
- Include any estimates received and reference in the (Specify) lines. No need to copy line-by-line.
- All construction costs over \$500K should have Prevailing Wage (PW) in their budgets.
- Older estimates may have PW broken out of the construction cost.
- New requests should have PW included in the construction cost.
- **Include the Accessibility cost**
- Contractor general conditions and P&O should be included in the Construction or Improvement section. Add additional line if preferred.
- Art in Public Places (CC project) are based on line 30 totals.

Supplemental CCCR Narrative

FY2023-24 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 (Phase of):	(2) State Controller Project #:	
E	(1) Project Type:	Capital Construction (CC) Capital Renewal (CR)	(2) Principal Representative Signature: Date
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

A. SUPPLEMENTAL CRITERIA:

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

B. 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.

C. 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.

D. SUMMARY OF FUNDING CHANGE:

See instructions for further detail.

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

E. 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.

F. CONSEQUENCES IF NOT FUNDED:

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

G. ADDITIONAL REQUEST INFORMATION:

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

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?			

- Provide revision date. Forms will need to be resubmitted to OSPB after approved by OSA.

- Total Funds represents the additional (or reduction) from the original appropriation.



Supplemental CCCR Cost Summary

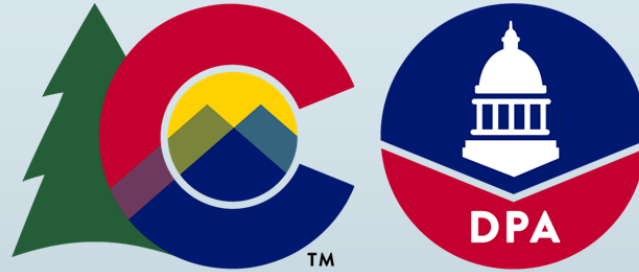
FY2023-24 SUPPLEMENTAL CAPITAL CONSTRUCTION CAPITAL RENEWAL PROJECT REQUEST - COST SUMMARY (S CCCR CS)*						
(A)	(1) Funding Type:		(2) Project Title:			
(B)	(1) Agency:		(2) Project Phase (of):			
(C)	(1) Supplemental Type:		(2) State Controller Project #:			
(D)	(1) Project Type:		(2) OSA Delegate Name:			
(E)	(1) Original Appropriation Year: FY		(2) Narrative Signature Date:			
(F)	(1) Fiscal Year to be Modified: FY		(2) Revision Date:			
(1)	(a) Project Budget Cost Components and Funding Sources	(b) New Total Project Cost	(c) Total Prior-Year Appropriation(s) Excluding Modified FY	(d) Original Appropriation for the Modified Fiscal Year	(e) Supplemental Request For Modified Fiscal Year	(f) New Modified FY Total Request

- Col. (b) will auto populate by adding c & f. This the revised total for the appropriated year.
- Col. (c) is any prior appropriations excluding the current year. If this is a one phase project this value will be zero. If this is a two phase project and you are changing the second year appropriation, this would be the first year appropriation.
- Col. (d) is the original appropriation for the requested year.
- Col. (e) is the amount to be added to the original appropriation.
- Col. (f) will auto populate by adding d & e for the new total for the modified year.

Transmittal Form, CCCR Table

A. 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 <i>(Required to be submitted to OSA annually, even if there are no current year CCCR project requests being submitted)</i>	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⁾	

- Five Year Plan required every year. Even if there is no CCCR request this current year.
- For the Narrative and the Cost Summary, indicate in the Y/N/NA column, the **number** of projects being request this year. The number should match the number of projects on the CCCR Five Year plan.
- Photographs Y/N/NA should only be indicated as N/A if previously submitted photos were acceptable by OSA, otherwise list the number of photos submitted. Not Yes or No. Re-sending photos is not a problem.



COLORADO

**Department of Personnel
& Administration**

**OSA Training: Controlled Maintenance
(CM) Forms March 2022**

CM Five Year Plan

Controlled Maintenance Project Request - Five Year Plan FY2023-24 to FY2027-28 (CM 5P)										
(A) Agency/Institution:			(B) Agency/Institution Signature Approval:			Date				
(C) OSA Delegate Signature:			Date			(D) OSA Review Signature:			Date	
(1) Agency / Institution Priority #	(2) Project M # (if continuation)	(3) CM Category	(4) Project Title - # of Phases	(5) Total Project Cost	(6) Prior Appropriation	(7) FY23/24 Budget Request	(8) FY24/25 Budget Request	(9) FY25/26 Budget Request	(10) FY26/27 Budget Request	(11) FY27/28 Budget Request
				\$ -						
				\$ -						
				\$ -						
				\$ -						
				\$ -						
				\$ -						
				\$ -						
				(12) Totals for each Fiscal Year		\$0	\$0	\$0	\$0	\$0
				(13) Grand Total of the Five Year Plan		\$0				

All phase of a projects SHALL be on one row.

Column #:

- 1) Enter the Agency/Institution Priority Number for this year. Future years are not required, but acceptable.
- 2) Enter ONLY assigned project “M” number for a FUNDED project. Don’t enter any internal number.
- 3) Enter only one category based on the MOST important category determined by cost.
- 4) Enter only the PROJECT TITLE and NUMBER OF PHASES. Never enter project phase information, long project titles. Title SHALL match the narrative form, cost estimate form, and summary form.
- 5) Sum the values of all prior funded, existing, and future phases. If the future phases extend beyond the five year column (11), it is OK to add information outside the print area to indicate the total of all phases beyond five years to indicate the Total Project Cost.
- 6) Enter the total of all prior appropriations related to this funded “M” project. Don’t enter information from other closed projects that might be related to this project.
- 7-11) Enter WHOLE NUMBERS for each phase. NO links to other spreadsheets.

CM Project Request - Summary

FY2023-24 Controlled Maintenance Project Request - Summary (CM S)							
(A1) Agency/Institution		(A2) Agency/IHE					
(B) OSA Delegate Sign							
(C) OSA Delegate							
(D) Agency/Institution Signature Approval:							Date
(1) Agency / Institution	(2) Project M# (if continuation)	(3) PROJECT TITLE and PHASE	(4) Project Cost \$	(5) Operational Criteria	(6) Priority Multiplier (PM /	(7) Critical Index (CI)	(8) Project Score (PS)
		(a) TITLE (b) Phase ___ of ___					
		(c) Total Project Cost:					
		(d) Prior Appropriation:					
		(e) Current Year Request:					
		(f) Project Balance:	\$ -				
		(a) TITLE (b) Phase ___ of ___					
		(c) Total Project Cost:					
		(d) Prior Appropriation:					
		(e) Current Year Request:					
		(f) Project Balance:	\$ -				
		(a) TITLE (b) Phase ___ of ___					
		(d) Prior Appropriation:					
		(e) Current Year Request:					
		(f) Project Balance:	\$ -				
		(a) TITLE (b) Phase ___ of ___					
		(d) Prior Appropriation:					
		(e) Current Year Request:					
		(f) Project Balance:	\$ -				
		(a) TITLE (b) Phase ___ of ___					
		(c) Total Project Cost:					
		(d) Prior Appropriation:					
		(e) Current Year Request:					
		(f) Project Balance:	\$ -				
		(g) Current-Year CM Total	\$ -				

- Enter the General Fund or Academic Fund GSF.
- Enter the Operation Criteria
- Enter the Priority Multiplier.
- Enter only This Year's Request. Title and Phase should match the Narrative form.
- Enter only "M" project numbers. Never internal tracking values.
- Don't forget to add your agency or institution's priority number.
- If the Project includes CCF and another fund source, Call OSA on how to create form.



CM Narrative, Page 1

FY2023-24 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) ☐ 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:

- Be sure to note the revision date if revising (content, CM CS).
- Added “Year Built” to the Building Information table.
- Clarified that the History of Appropriated Projects only includes projects that are directly related to this project request.
- The description needs to be sufficient to completely understand the request. don't be too brief or too long. The description needs to explain the current problems, justify the operation criteria, code deficiencies, ability to purchase replacement parts, and age of the system/components.
- Include information if the project impacts any historically designated facilities/site.



CM Narrative, Page 2

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.

- Description of the solution by phase. Include what components or buildings will be completed per phase.
- Don't include the brand of equipment required for replacement - use a general statement.
- Consequences: Indicate how the problem impacts the ability of your agency/school to deliver the programs within the facility. On-going maintenance cost or emergency repairs because of the failing systems.
- BLCC: For applicable requests, indicate how the BLCC worksheet determined the final solution. Do not leave #7 blank.

CM Narrative, Page 3

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 2018/2019		
	FY 2019/2020		
	FY 2020/2021		
	FY 2021/2022		
(Subtotal)			\$

COST OF CURRENT PHASE²

Project Number:	Fiscal Year	Phase of Work	Cost of Current Phase (Per CM CS)
	FY 2022/2023		

FUTURE PHASE(S) FUNDING³

Project Number:	Fiscal Year	Phase or Phases of Work	Project (Phase) Total Cost (Per CM CS)
	FY 2023/2024		
	FY 2024/2025		
	FY 2025/2026		
	FY 2026/2027		
(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)		
2) Design (Insert Dates)		
3) Construction (Insert Dates)		
4) Project Close-out/Final Completion (Insert Dates)		

- Prior Funded Projects: Enter information for only funded phases for this project.
- Proposed Project Schedule: OSA does reviews this to see how it may impact the ability to complete this project. Don't add additional project milestones.
- Project Implementation Schedule should consider when funds will be released. Factor in any internal processes that affect each phase.

CM Cost Summary

FY2023-24 CONTROLLED MAINTENANCE PROJECT REQUEST - COST SUMMARY (CM CS)				
A	Project Title:			
B	Agency/Institution:			
C	(1) Project Phase:	(2) State Controller Project #:		
D	Revision Date:			
Professional Services				Cost (\$)
1	Site Surveys, Investigations, and Reports:			
2	Arch/Eng/Basic Services:			
3	Code Review/Inspection:			
4	Other (Explain):			
5	Inflation Percentage of dollar amount (This Phase):			0%
6	Total of Professional Services:			\$0
Construction Improvement (By CS/Division format, insert additional rows as necessary) (attach updated detailed cost estimate)				
	WORK ITEM (Labor/Material/Equipment)	QUANTITY (cf, sf, lf, etc.)	UNIT COST (\$/unit)	EXTENDED COST (\$)
7	Infrastructure, Utility Services:			
8	(Specify)			\$0
9	(Specify)			\$0
10	Infrastructure, Site Improvements:			
11	(Specify)			\$0
12	(Specify)			\$0
13	Structure of System/Component:			
14	(Specify)			\$0
15	(Specify)			\$0
16	(Specify)			\$0
17	Other (Explain Below):			
18	(Specify)			\$0
19	(Specify)			\$0
20	Prevailing Wage:			
21	Accessibility			
22	Contractor's General Conditions:		0%	
23	Contractor's Overhead & Profit:		0%	
24	Inflation Percentage of Dollar Amount (This Phase):		0%	
25	Total of Construction Improvement Costs:			\$0
Miscellaneous Costs (List Item)				
26	(Specify)			
27	(Specify)			
28	Total of Miscellaneous Costs:			\$0
Project Contingency				
29	Calculate contingency percentage for total of professional services, construction improvement, and miscellaneous costs at 10%.			\$0
Cost of Current Phase				
30	Total cost of the Project (or this phase if multi-phased project) - all professional services, construction improvement, miscellaneous costs, and contingency. (Copy this amount to OSA-CMPRN, Section D, Project Phasing Cost Information table, per Fiscal Year)			\$0
Project Summary				
31	Total square foot/lineal foot of CONSTRUCTION IMPROVEMENT area:			
32	Overall cost per square foot/lineal foot of CONSTRUCTION IMPROVEMENT area:			
33	TOTAL PROJECT COSTS for ALL PHASES (Updated automatically)			\$0
Note: Agency or Contractor Cost Estimator shall accompany this page.				

- If submitting a revision, be sure to note the revised date.
- Include any estimates received and reference in the (Specify) lines. No need to copy line-by-line.
- Line 20: Going forward all construction costs over \$500K should have Prevailing Wage (PW) in their budgets.
- Older estimates may have PW broken out of the construction cost.
- New requests should have PW included in the construction cost.
- **Line 21: Include the Accessibility cost**
- Line 31: The square footage is often helpful in considering the value of the work - please don't leave it blank unless it isn't tangible.



Transmittal Form, CM Table

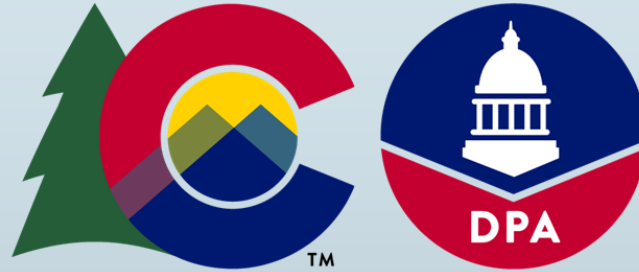
<u>B. CONTROLLED MAINTENANCE BUDGET REQUEST FORMS ⁽¹⁾:</u>			Yes, No. or N/A
CM 5P	Controlled Maintenance Project Request - Five Year Plan	Required ⁽³⁾	
CM S	Controlled Maintenance Project Request - Summary	Required ⁽³⁾	
CM N	Controlled Maintenance Project Request - Narrative	Quantity ⁽²⁾	
CM CS	Controlled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

- Five Year Plan required every year. Even if there is no CM request this current year.
- The Summary is not required if there is no CM request this current year.
- For the Narrative and the Cost Summary, indicate in the Y/N/NA column, the number of projects being request this year. The number should match the number of projects on the CM-Summary and the CM Five Year plan. (i.e. Y-3)
- Photographs Y/N/NA should only be indicated as N/A if previously submitted photos were acceptable by OSA. Re-sending photos is not a problem.



COLORADO

**Department of Personnel
& Administration**

**OSA Training: Annual Forms
March 2022**

OSA CCCR Status Report Form

FY2023-24 Capital Construction Capital Renewal Project - Status Report (OSA CCCR SR)													
(A) Agency/Institution:				(B) OSA Delegate						Date			
(1) Project Number	(2) Project Title, Phase	(3) CCF Appropriation (\$)	(4) Other Funds (\$)	(5) Date Funds Available	(6) Dollars Committed /Contract Totals (\$)	(7) Dollars Approved /Pay Application Totals (\$)	(8) HPCP Goal and Registration Date	(9) Project Delivery Method	(10) Date of Notice of Substantial Completion (SBP-07)	(11) Exhibit L1 Code Compliance Date	(12) Exhibit L2 (SC-4.1) Date	(13) Status	(14) Notes

No changes, BUT

1. For State funded projects, one row per fiscal year of funding.
2. Project Title SHALL be as indicated in the Long Bill, NOT the name as submitted to OSA or CDHE in the request.
3. For State funded projects, DON'T edit the original (3) CCF Appropriation value.
4. If the State project receives a supplemental, enter the supplemental information on a separate row.
5. **For self funded projects, \$2M or more, please provide one (1) Project number to help track the project.**
6. Do not forget to add FY22-23 projects that were approved in the current Long Bill. Note that the 6-month rule starts the day it gets signed. By July, the funds would be available for a couple of months.
7. Column 8, Indicate the HPCP goal and actual or anticipated registration date.
8. Check the dates on Column 11 and 12. If you haven't submitted to OSA these dates should be after 7/1/2022.

OSA CM Status Report Form

FY2023-24 Controlled Maintenance Project - Status Report (OSA CM SR)												
(A) Agency/Institution:							(B) OSA Delegate Signature/Date:			Date		
(1) Project Number	(2) Project Title, Phase	(3) CCF Appropriation (\$)	(4) Other Funds (\$)	(5) Date Funds Available	(6) Dollars Committed/ Contract Totals (\$)	(7) Dollars Approved /Pay Application Totals (\$)	(8) Project Delivery Method	(9) Date of Notice of Substantial Completion (SBP-07)	(10) Exhibit L1 Code Compliance Date	(11) Exhibit L2 (SC-4.1) Date	(12) Status	(13) Notes:

1. For all projects, one row per fiscal year of funding.
2. Project Title SHALL be as indicated in the Long Bill, NOT the name as submitted to OSA in the request.
3. If the project receives either transfer funds out or in, DON'T change the (3) Appropriation value. In the new Notes column, add a short note as indicated in the instructions.
Ex. \$123,456 to 2012-012M14 and Transferred \$123,456 from 2016-011M14.
4. Do not forget to add FY22-23 projects that were approved in the current Long Bill. Note that the 6-month rule starts the day it gets signed. By July, the funds would be available for a couple of months.
5. Check the dates on Column 11 and 12. If you haven't submitted to OSA these dates should be after 7/1/2022.

BI Form, Building Tab

[illegible]

No changes, BUT

- Only enter Building information, never infrastructure information. If there are buildings on the land, enter the building information, but enter the infrastructure information on the correct tab.

DO NOT LINK ANY DATA IN THE BI FORM TO OTHER AGENCY/IHE MAINTAINED SPREADSHEETS.

1. If the building name is changed or is a new building, please add a comment in the (1) Building Name column.
2. If a building no longer exists for whatever reason, please cut/paste the line with complete information below the totals.
3. For columns 4, 5, and 6, leave BLANK if there is no information. Don't enter a zero.
4. Any information in column (6) Vacant building should also be in columns 4 or 5.
5. Column (9) Date Acquired. Only enter information if different than (8) Date built.
6. Columns (10) Date of Facility Audit and (11) F.C.I. value should both be filled in together.
7. Columns 11, 12, and 13. Only enter the project number and appropriation dollar amount.

BI Form, Infrastructure Tab

FY2023-24 Infrastructure Listing (OSA BI)												
(A) Agency/Institution:		0										
(1) Infrastructure Name	(2) Infrastructure Type	(3) Location (above or below) ground	(4) Size in G.S.F.	(5) Measurement in Linear Feet	(6) Infrastructure System Value	(7) Date Built	(8) G.F. / Academic Funded Maintenance	(9) Date of Infrastructure Assessment	(10) Infrastructure Estimated Deficiency	(11) Current CCCR Projects	(12) Current CM Projects	(13) Current EM Projects
(14) Totals			-	-	\$ -				\$ -			

No changes, BUT

1. For columns 4, 5, and 6, leave BLANK if there is no value. Don't enter a zero.
2. Only enter infrastructure information, never building information. If there are buildings on the land, enter the building information on the building tab.

Vacant Facility Form

Only fill out if a new facility

FY2023-24 VACANT FACILITY MANAGEMENT PLAN (OSA VFMP)	
1) AGENCY / INSTITUTION:	3) OSA DELEGATE NAME:
2) SUBMITTAL DATE:	4) OSA DELEGATE EMAIL:
FACILITY SPECIFIC INFORMATION	
SITE SPECIFIC INFORMATION	RISK MGMT INFORMATION
CURRENT FACILITY CONDITION	
<p>34) HAVE ANY CONDITION AUDITS BEEN DONE ON THE FACILITY? (If yes provide date of audit and Facility Condition Index) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>35) DATE OF AUDIT:</p> <p>36) FCI #:</p> <p>37) DESCRIBE ANY LIFE SAFETY CONDITIONS AND OR HAZARDOUS MATERIALS:</p> <p>A) IF APPLICABLE, WHAT ARE THE COSTS ASSOCIATED WITH ASBESTOS ABATEMENT AND HAZARDOUS MATERIALS REMOVAL:</p> <p>38) WHAT IS THE CURRENT STATE OF THE BUILDING: <input type="checkbox"/> Wet Closed (The building is heated year around and the water has not been drained) <input type="checkbox"/> Dry Closed (The building had the water shut off, drained and is unheated, or no water system)</p> <p>39) CURRENT ANNUAL COST TO MAINTAIN FACILITY IN ITS CURRENT CONDITION (Provide Detailed Breakdown):</p>	

Added question #38.
Indicate if the vacant building is Wet or Dry Closed

Electronic submission required for all documents.
Provide project request pictures/drawings in separate JPEG or PDF format. DO NOT EMBED IN ANY FORM.

Acquisition and Disposition Form

FY2023-24 ACQUISITION AND DISPOSITION OF STATE PROPERTY REPORT (OSA AD)	
1) AGENCY / INSTITUTION:	3) OSA DELEGATE NAME:
2) SUBMITTAL DATE:	4) OSA DELEGATE EMAIL:
TRANSACTION SPECIFIC INFORMATION	
5) FACILITY NAME: 6) PROPERTY ADDRESS: 7) COUNTY PARCEL NUMBER: 8) PROPERTY USE (Please Check Below): <input type="checkbox"/> Office <input type="checkbox"/> Retail <input type="checkbox"/> Warehouse <input type="checkbox"/> Classroom <input type="checkbox"/> Land <input type="checkbox"/> Other (Explain): 9) TRANSACTION AMOUNT (Amount Property Sold for): 10) WAS AN APPRAISAL CONDUCTED ON THE PROPERTY: <input type="checkbox"/> Yes <input type="checkbox"/> No 11) IF YES, WHAT WAS THE VALUE: 12) IF YES, WHEN WAS IT DATED: 13) WAS AN EPA PHASE I ENVIRONMENTAL SURVEY DONE ON THE PROPERTY: <input type="checkbox"/> Yes <input type="checkbox"/> No 14) IF YES, WHEN WAS IT DATED: 15) IF YES, WAS ANY REMEDIATION REQUIRED TO BE COMPLETED (Explain and indicate if completed): 16) WAS AN ALTA SURVEY DONE ON THE PROPERTY: <input type="checkbox"/> Yes <input type="checkbox"/> No	17) DOES THE FACILITY HAVE FEDERAL OR STATE HISTORICAL DESIGNATION: <input type="checkbox"/> Yes <input type="checkbox"/> No 18) TRANSACTION DATE: 19) WAS THE TRANSACTION AN <input type="checkbox"/> Acquisition OR <input type="checkbox"/> Disposition 20) TOTAL PARCEL SIZE (Acres): 21) TOTAL BUILDING SIZE (Square Feet): 22) YEAR BUILT: 23) AGENCY IDENTIFICATION NUMBER: 24) WAS DPA RISK MANAGEMENT OR INSTITUTION OF HIGHER EDUCATION RISK MANAGEMENT INFORMED OF THIS TRANSACTION: <input type="checkbox"/> Yes <input type="checkbox"/> No 25) RISK MANAGEMENT IDENTIFICATION NUMBER: 26) RISK MANAGEMENT INSURED VALUE:
PROPERTY / FACILITY SPECIFIC INFORMATION	
27) HAS THE FACILITIES MASTER PLAN BEEN UPDATED IN REGARD TO THIS TRANSACTION: <input type="checkbox"/> Yes <input type="checkbox"/> No 28) DATE OF UPDATED FACILITIES MASTER PLAN: 29) WHAT RECOMMENDATIONS DID THE FACILITIES MASTER PLAN HAVE IN REGARD TO THIS TRANSACTION: 30) FACILITY PART OF A LARGER CAMPUS: <input type="checkbox"/> Yes <input type="checkbox"/> No 31) SERVED BY CENTRAL UTILITY SYSTEM: <input type="checkbox"/> Yes <input type="checkbox"/> No 32) DOES THE FACILITY HAVE ITS OWN DEDICATED INGRESS AND EGRESS FOR VEHICLES (not driving through a campus): <input type="checkbox"/> Yes <input type="checkbox"/> No 33) IS PARKING INCLUDED: <input type="checkbox"/> Yes <input type="checkbox"/> No 34) ANY LIFE-SAFETY CONDITIONS OR HAZARDOUS MATERIALS PRESENT: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please list) 35) ATTACH COPY OF PURCHASE OR SALE, IMPROVEMENTS AND DEED.	

Required with all other forms in July

Electronic submission required for all documents.
Provide purchase or sale documents in separate JPEG or PDF format. DO NOT EMBED IN ANY FORM.

Transmittal Form, Annual Reporting Forms Table

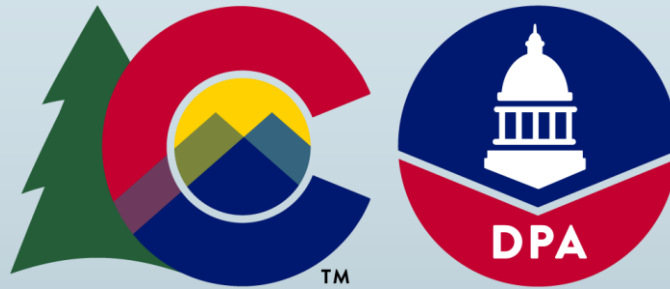
C. ANNUAL FACILITY MANAGEMENT REPORTING FORMS ^{(1), (3)}:			Yes, No. or N/A
OSA AMSP	Asset Management Strategy Plan	Required	
OSA CCCR SR	Capital Construction/Capital Renewal Project - Status Report	Required	
OSA CM SR	Controlled Maintenance Project - Status Report	Required	
OSA BI	Building Inventory 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⁾	

Indicate the
Quantity of
forms

⁽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



Questions & Thank You