

AGENCY FOR HEALTH CARE ADMINISTRATION

# LEGISLATIVE BUDGET REQUEST

FISCAL YEAR 2015 - 2016

## CIP-3

### FIVE-YEAR NEW CONSTRUCTION AND NON-STRUCTURAL CIP PLAN



### CIP-3: Short-Term Project Explanation

<b>Agency:</b>	Agency for Health Care Administration	<b>Agency Priority:</b>	N/A				
<b>Budget Entity and Budget Entity Code:</b>	68000000	<b>Project Category:</b>	N/A				
<b>Appropriation Category Code:</b>		<b>LRPP Narrative Page:</b>					
<b>PROJECT TITLE:</b>							
<b>Statutory Authority:</b>							
<b>To be Constructed by:</b>		<b>Contract? (Y/N)</b>	<b>YES NO</b>	<b>Force Acct.? (Y/N)</b>	<b>YES NO</b>		
<b>Facility Type</b>	<b>Service Load</b>	<b>Planned Used Factor</b>	<b>User Stations Required</b>	<b>Existing Stations</b>	<b>New User Stations Required</b>	<b>Space Factor</b>	<b>Net Area Required</b>
<b>Geographic Location:</b>							
<b>County:</b>							
<b>Facility Type</b>	<b>Net Area (square feet)</b>	<b>Efficiency Factor</b>	<b>Gross Area (square feet)</b>	<b>Unit Cost</b>	<b>Construction Cost</b>	<b>Occupancy Date</b>	
<b>Schedule of Project Components</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>		
<b>1. Basic Construction Costs</b>	\$	\$	\$	\$	\$		
<b>a. Construction Cost</b>							
<b>b. Permits, Inspections, Impact Fees</b>							
<b>c. Communication requirements (conduits, wiring, etc.)</b>							
<b>d. Utilities outside building</b>							
<b>e. Site Development (roads, paving, etc.)</b>							
<b>f. Energy efficient equipment</b>							
<b>g. Art allowance (Section 255.043, Florida Statutes )</b>							
<b>h. Other</b>							
<b>Subtotal:</b>	\$	\$	\$	\$	\$		

### CIP-3: Short-Term Project Explanation

<b>2. Other Project Costs</b>		\$	\$	\$	\$	\$
<b>a. Land/Existing Facility Acquisition</b>						
<b>b. Professional Services</b>						
1) Planning/Programming						
2) Architechtural/Engineering Fees						
3) On-site representatives						
4) Testing/Surveys						
5) Other Professional Services						
<b>c. Miscellaneous Costs</b>						
<b>d. Moveable Equipment/Furniture</b>						
<b>Subtotal:</b>						
<b>3. All Costs (1 + 2)</b>						
<b>4. DMS Fee</b>						
<b>Total: All Costs by Fund</b>						
Fund Code:						
Fund Code:						
<b>TOTAL (3 + 4)</b>		\$	\$	\$	\$	\$
<b>Appropriations to-date:</b>					<b>Projected Costs Beyond CIP:</b>	
General Revenue					General Revenue	
Trust Funds					Trust Funds	
<b>TOTAL</b>		\$0			<b>TOTAL</b>	
<b>TOTAL</b>		\$	\$	\$	\$	\$
<b>Changes in Agency Service Costs</b>		FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Category	Fund Code	\$	\$	\$	\$	\$
Salaries & Benefits						
Subtotal						
OPS						
Subtotal						
Expenses						
Subtotal						
Other (Specify)						
Subtotal						
Fund Totals						
<b>TOTAL</b>		\$	\$	\$	\$	\$

### CIP-3: Short-Term Project Explanation

<b>Agency:</b>	Agency for Health Care Administration	<b>Agency Priority:</b>	N/A				
<b>Budget Entity and Budget Entity Code:</b>	Administration and Support 68200000	<b>Project Category:</b>	N/A				
<b>Appropriation Category Code:</b>		<b>LRPP Narrative Page:</b>					
<b>PROJECT TITLE:</b>							
<b>Statutory Authority:</b>							
<b>To be Constructed by:</b>		<b>Contract? (Y/N)</b>	<b>YES NO</b>	<b>Force Acct.? (Y/N)</b>	<b>YES NO</b>		
<b>Facility Type</b>	<b>Service Load</b>	<b>Planned Used Factor</b>	<b>User Stations Required</b>	<b>Existing Stations</b>	<b>New User Stations Required</b>	<b>Space Factor</b>	<b>Net Area Required</b>
<b>Geographic Location:</b>							
<b>County:</b>							
<b>Facility Type</b>	<b>Net Area (square feet)</b>	<b>Efficiency Factor</b>	<b>Gross Area (square feet)</b>	<b>Unit Cost</b>	<b>Construction Cost</b>	<b>Occupancy Date</b>	
<b>Schedule of Project Components</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>		
<b>1. Basic Construction Costs</b>	\$	\$	\$	\$	\$		
<b>a. Construction Cost</b>							
<b>b. Permits, Inspections, Impact Fees</b>							
<b>c. Communication requirements (conduits, wiring, etc.)</b>							
<b>d. Utilities outside building</b>							
<b>e. Site Development (roads, paving, etc.)</b>							
<b>f. Energy efficient equipment</b>							
<b>g. Art allowance (Section 255.043, Florida Statutes )</b>							
<b>h. Other</b>							
<b>Subtotal:</b>	\$	\$	\$	\$	\$		

### CIP-3: Short-Term Project Explanation

<b>2. Other Project Costs</b>		\$	\$	\$	\$	\$
<b>a. Land/Existing Facility Acquisition</b>						
<b>b. Professional Services</b>						
1) Planning/Programming						
2) Architechtural/Engineering Fees						
3) On-site representatives						
4) Testing/Surveys						
5) Other Professional Services						
<b>c. Miscellaneous Costs</b>						
<b>d. Moveable Equipment/Furniture</b>						
<b>Subtotal:</b>						
<b>3. All Costs (1 + 2)</b>						
<b>4. DMS Fee</b>						
<b>Total: All Costs by Fund</b>						
Fund Code:						
Fund Code:						
<b>TOTAL (3 + 4)</b>		\$	\$	\$	\$	\$
<b>Appropriations to-date:</b>		<b>Projected Costs Beyond CIP:</b>				
General Revenue		General Revenue				
Trust Funds		Trust Funds				
<b>TOTAL</b>		<b>TOTAL</b>			<b>TOTAL</b>	
		\$0				\$0
<b>Changes in Agency Service Costs</b>		<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>
<b>Category</b>	<b>Fund Code</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Salaries &amp; Benefits</b>						
<b>Subtotal</b>						
<b>OPS</b>						
<b>Subtotal</b>						
<b>Expenses</b>						
<b>Subtotal</b>						
<b>Other (Specify)</b>						
<b>Subtotal</b>						
<b>Fund Totals</b>						
<b>TOTAL</b>		\$	\$	\$	\$	\$

### CIP-3: Short-Term Project Explanation

<b>Agency:</b>	Agency for Health Care Administration	<b>Agency Priority:</b>	N/A				
<b>Budget Entity and Budget Entity Code:</b>	Health Care Services 68500000	<b>Project Category:</b>	N/A				
<b>Appropriation Category Code:</b>		<b>LRPP Narrative Page:</b>					
<b>PROJECT TITLE:</b>							
<b>Statutory Authority:</b>							
<b>To be Constructed by:</b>		<b>Contract? (Y/N)</b>	<b>YES NO</b>	<b>Force Acct.? (Y/N)</b>	<b>YES NO</b>		
<b>Facility Type</b>	<b>Service Load</b>	<b>Planned Used Factor</b>	<b>User Stations Required</b>	<b>Existing Stations</b>	<b>New User Stations Required</b>	<b>Space Factor</b>	<b>Net Area Required</b>
<b>Geographic Location:</b>							
<b>County:</b>							
<b>Facility Type</b>	<b>Net Area (square feet)</b>	<b>Efficiency Factor</b>	<b>Gross Area (square feet)</b>	<b>Unit Cost</b>	<b>Construction Cost</b>	<b>Occupancy Date</b>	
<b>Schedule of Project Components</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>		
<b>1. Basic Construction Costs</b>	\$	\$	\$	\$	\$		
<b>a. Construction Cost</b>							
<b>b. Permits, Inspections, Impact Fees</b>							
<b>c. Communication requirements (conduits, wiring, etc.)</b>							
<b>d. Utilities outside building</b>							
<b>e. Site Development (roads, paving, etc.)</b>							
<b>f. Energy efficient equipment</b>							
<b>g. Art allowance (Section 255.043, Florida Statutes )</b>							
<b>h. Other</b>							
<b>Subtotal:</b>	\$	\$	\$	\$	\$		

### CIP-3: Short-Term Project Explanation

<b>2. Other Project Costs</b>		\$	\$	\$	\$	\$
<b>a. Land/Existing Facility Acquisition</b>						
<b>b. Professional Services</b>						
1) Planning/Programming						
2) Architechtural/Engineering Fees						
3) On-site representatives						
4) Testing/Surveys						
5) Other Professional Services						
<b>c. Miscellaneous Costs</b>						
<b>d. Moveable Equipment/Furniture</b>						
<b>Subtotal:</b>						
<b>3. All Costs (1 + 2)</b>						
<b>4. DMS Fee</b>						
<b>Total: All Costs by Fund</b>						
Fund Code:						
Fund Code:						
<b>TOTAL (3 + 4)</b>		\$	\$	\$	\$	\$
<b>Appropriations to-date:</b>					<b>Projected Costs Beyond CIP:</b>	
General Revenue					General Revenue	
Trust Funds					Trust Funds	
<b>TOTAL</b>		\$0			<b>TOTAL</b>	
<b>TOTAL</b>		\$	\$	\$	\$	\$
<b>Changes in Agency Service Costs</b>		<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>
<b>Category</b>	<b>Fund Code</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Salaries & Benefits						
<b>Subtotal</b>						
OPS						
<b>Subtotal</b>						
Expenses						
<b>Subtotal</b>						
Other (Specify)						
<b>Subtotal</b>						
<b>Fund Totals</b>						
<b>TOTAL</b>		\$	\$	\$	\$	\$

### CIP-3: Short-Term Project Explanation

<b>Agency:</b>	Agency for Health Care Administration	<b>Agency Priority:</b>	N/A				
<b>Budget Entity and Budget Entity Code:</b>	Health Care Regulation 68700700	<b>Project Category:</b>	N/A				
<b>Appropriation Category Code:</b>		<b>LRPP Narrative Page:</b>					
<b>PROJECT TITLE:</b>							
<b>Statutory Authority:</b>							
<b>To be Constructed by:</b>		<b>Contract? (Y/N)</b>	<b>YES NO</b>	<b>Force Acct.? (Y/N)</b>	<b>YES NO</b>		
<b>Facility Type</b>	<b>Service Load</b>	<b>Planned Used Factor</b>	<b>User Stations Required</b>	<b>Existing Stations</b>	<b>New User Stations Required</b>	<b>Space Factor</b>	<b>Net Area Required</b>
<b>Geographic Location:</b>							
<b>County:</b>							
<b>Facility Type</b>	<b>Net Area (square feet)</b>	<b>Efficiency Factor</b>	<b>Gross Area (square feet)</b>	<b>Unit Cost</b>	<b>Construction Cost</b>	<b>Occupancy Date</b>	
<b>Schedule of Project Components</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>		
<b>1. Basic Construction Costs</b>	\$	\$	\$	\$	\$		
<b>a. Construction Cost</b>							
<b>b. Permits, Inspections, Impact Fees</b>							
<b>c. Communication requirements (conduits, wiring, etc.)</b>							
<b>d. Utilities outside building</b>							
<b>e. Site Development (roads, paving, etc.)</b>							
<b>f. Energy efficient equipment</b>							
<b>g. Art allowance (Section 255.043, Florida Statutes )</b>							
<b>h. Other</b>							
<b>Subtotal:</b>	\$	\$	\$	\$	\$		



### CIP-3: Short-Term Project Explanation

<b>2. Other Project Costs</b>		\$	\$	\$	\$	\$
<b>a. Land/Existing Facility Acquisition</b>						
<b>b. Professional Services</b>						
1) Planning/Programming						
2) Architechtural/Engineering Fees						
3) On-site representatives						
4) Testing/Surveys						
5) Other Professional Services						
<b>c. Miscellaneous Costs</b>						
<b>d. Moveable Equipment/Furniture</b>						
<b>Subtotal:</b>						
<b>3. All Costs (1 + 2)</b>						
<b>4. DMS Fee</b>						
<b>Total: All Costs by Fund</b>						
Fund Code:						
Fund Code:						
<b>TOTAL (3 + 4)</b>		\$	\$	\$	\$	\$
<b>Appropriations to-date:</b>					<b>Projected Costs Beyond CIP:</b>	
General Revenue					General Revenue	
Trust Funds					Trust Funds	
<b>TOTAL</b>		\$0			<b>TOTAL</b>	
<b>TOTAL</b>		\$	\$	\$	\$	\$
<b>Changes in Agency Service Costs</b>		<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>
<b>Category</b>	<b>Fund Code</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Salaries & Benefits						
<b>Subtotal</b>						
OPS						
<b>Subtotal</b>						
Expenses						
<b>Subtotal</b>						
Other (Specify)						
<b>Subtotal</b>						
<b>Fund Totals</b>						
<b>TOTAL</b>		\$	\$	\$	\$	\$