

# Florida Commission on Offender Review

## CIP – 5 Capital Renewal Projects

## CIP-5: Service-Level Capital Renewal Projects

<b>Agency:</b>	FL Comm on Offender Review	<b>LAS/PBS Budget Entity Code:</b>	
<b>Service:</b>		<b>Appropriation Category Code:</b>	
<b>Project Title:</b>	Not Applicable	<b>Agency Priority:</b>	
		<b>LRPP Narrative Page:</b>	
<b>To be constructed by:</b> Contract _____ Force account _____			
<b>Level of Aggregation:</b>			
<input type="checkbox"/> Service <input type="checkbox"/> Institution/Campus (SUS/SBCC only): _____ <div style="text-align: right; margin-right: 100px;">NAME</div>			
<b>Major Repair Project? (Y/N) (If Yes, complete Parts A, D &amp; E; if No, complete Parts A, B &amp; C.)</b>			
<b>Critical Need? (Y/N) (If Yes, all funding must be requested in the first two fiscal years.)</b>			
<b>PART A: SYSTEM IDENTIFICATION</b>			
<b>BUILDING SYSTEM GROUP</b>		<b>CENTRAL UTILITY SYSTEM GROUP</b>	
<b>Annual group request? _____</b>		<b>Annual group request? _____</b>	
electrical (BE) _____	envelope (BX) _____	interior (BI) _____	mechanical (BM) _____
plumbing (BP) _____	roof (BR) _____	site (BG) _____	special (BD) _____
structural (BS) _____			
		cogeneration (UG) _____	cooling gen./distrib. (UC) _____
		electric distrib. (UD) _____	heating gen./distrib. (UH) _____
		landfill (UL) _____	water treat./distrib. (UW) _____
		waste treatment (US) _____	
			<b>CODE AND LICENSURE CORRECTION GROUPS</b>
			Licensure (LC) _____
			<b>Annual request? _____</b>
			Life Safety (LS) _____
			<b>Annual request? _____</b>
			Handicapped (LH) _____
			<b>Annual request? _____</b>
			Environmental (LE) _____
			<b>Annual request? _____</b>
<b>SPECIAL SYSTEM GROUP</b>		<b>CAMPUS SYSTEM GROUP</b>	
<b>Annual group request? _____</b>		<b>Annual group request? _____</b>	
energy conservation (SC) _____	storage tanks (BX) _____	drainage/grounds (CG) _____	road system paving (CR) _____
		other paving (CP) _____	
<p><i>NOTE: If at least three systems or at least two groups are to be repaired in a single project, it is a MAJOR REPAIR and Part D should be used. If three or more systems in a facility group are being repaired in separate projects within <u>one group's</u> general capital renewal request, it is NOT a MAJOR REPAIR and you will answer YES to "annual request" and complete Parts B and C.</i></p>			
<b>PART B: PROJECTED FINANCE PLAN FOR FACILITY GROUP REPAIRS, AND SPECIFIED CODE AND LICENSURE CORRECTIONS:</b>			
<b>Group/System</b>	<b>Fund Code</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>TOTAL</b>	_____	_____	_____
	_____	_____	_____

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**PART C: SCHEDULE OF FACILITY GROUP REPAIRS, OR SPECIFIED CODE AND LICENSURE CORRECTIONS, AND COMPONENT FINANCING:**

Project Description	DMS Bldg.#	Critical Routine	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20

**PART D: SCHEDULE OF MAJOR REPAIRS AND COMPONENT FINANCING:**

**BUILDING / FACILITY IDENTIFICATION / DESCRIPTION**  
 DMS BLDG NO. \_\_\_\_\_ ADDRESS / LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_  
 LRPP NARRATIVE PAGE ON WHICH PROJECT IS DESCRIBED \_\_\_\_\_

Schedule of Project Components (Component/Fund Code)	Estimated Expenditures				
	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20

Total: All Costs by Fund Code

Fund Code	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
<b>TOTAL</b>					

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**PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:**

Incremental Facility Maintenance Costs	Fund Code	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
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>	_____	_____	_____	_____	_____
<hr style="border-top: 1px dashed black;"/>						
<b>Incremental Utility Costs</b>						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____

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