

CIP-4: Service-Level Operational Maintenance Budget

Agency:	Department of Business and Professional Regulation					
Service:	N/A					
Square Feet Managed	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
<i>(NOTE: For FY 2013-14 , enter the total square feet for facilities managed by your agency as indicated in the most recent Facilities Inventory of the Department of Management Services. In each subsequent year, add to this total all new square feet requested by that time.)</i>						
EXISTING FACILITIES (All square feet listed above for FY 2014-15):						
Preventive Maintenance						
	Fund Code	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
General Maintenance						
	Fund Code	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____

CIP-4: Service-Level Operational Maintenance Budget

Expenses	_____

SUBTOTAL	_____
Other	_____
(specify)	_____
SUBTOTAL	_____
Fund Totals	_____

TOTAL	_____

Routine Operating Costs

Fund Code	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Salaries & Benefits	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
(specify)	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____

NEW FACILITIES (Only those square feet added in FY 2014-2015 and beyond):

Preventive Maintenance

Fund Code	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Salaries & Benefits	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____

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OPS	
SUBTOTAL	
Expenses	
SUBTOTAL	
Other (specify)	
SUBTOTAL	
<i>Fund Totals</i>	
TOTAL	
General Maintenance	
Fund Code	FY 2015-16
FY 2016-17	FY 2017-18
FY 2018-19	FY 2019-20
Salaries & Benefits	
SUBTOTAL	
OPS	
SUBTOTAL	
Expenses	
SUBTOTAL	
Other (specify)	
SUBTOTAL	
<i>Fund Totals</i>	
TOTAL	

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Routine Operating Costs						
	Fund Code	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
Salaries & Benefits						
	SUBTOTAL					
OPS						
	SUBTOTAL					
Expenses						
	SUBTOTAL					
Other (specify)						
	SUBTOTAL					
Fund Totals						
	TOTAL					