

CIP-4: Service-Level Operational Maintenance Budget

Agency:						
Service:						
Square Feet Managed	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20
<p><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></p>						
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

SUBTOTAL

CIP-4: Service-Level Operational Maintenance Budget

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	
Expenses		
	SUBTOTAL	
Other (specify)		
	SUBTOTAL	
Fund Totals		
	TOTAL	

CIP-4: Service-Level Operational Maintenance Budget

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	_____	_____	_____	_____	_____	_____