

CIP-4: Service-Level Operational Maintenance Budget

Agency:						
Service:						
Square Feet						
Managed	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
<i>(NOTE: For FY 2015-16, 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 2015-16):						
Preventive Maintenance:						
	Fund Code	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
General Maintenance:						
	Fund Code	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____

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SUBTOTAL

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OPS					
	SUBTOTAL				
Expenses					
	SUBTOTAL				
Other (specify)					
	SUBTOTAL				
Fund Totals					
	TOTAL				
General Maintenance					
Fund Code	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Salaries & Benefits					
	SUBTOTAL				
OPS					
	SUBTOTAL				
Expenses					
	SUBTOTAL				
Other (specify)					
	SUBTOTAL				
Fund Totals					
	TOTAL				

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Routine Operating Costs					
Fund Code	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Salaries & Benefits					
SUBTOTAL					
OPS					
SUBTOTAL					
Expenses					
SUBTOTAL					
Other (specify)					
SUBTOTAL					
Fund Totals					
TOTAL					