

FLORIDA DEPARTMENT OF LAW ENFORCEMENT



CIP-5: Capital Renewal Projects

September 2015

CIP-5: Service-Level Capital Renewal Projects

Agency:		LAS/PBS Budget Entity Code:	
Service:		Appropriation Category Code:	
Project Title:		Agency Priority:	
		LRPP Narrative Page:	
To be constructed by: Contract _____ Force account _____			
Level of Aggregation:			
<input type="checkbox"/> Service <input type="checkbox"/> Institution/Campus (SUS/SBCC only): _____ <div style="text-align: center;">NAME</div>			
Major Repair Project? (Y/N) (If <u>Yes</u>, complete Parts A, D & E; if <u>No</u>, complete Parts A, B & C.)			
Critical Need? (Y/N) (If Yes, all funding must be requested in the first two fiscal years.)			
PART A: SYSTEM IDENTIFICATION			
BUILDING SYSTEM GROUP		CENTRAL UTILITY SYSTEM GROUP	
Annual group request? _____		Annual group request? _____	
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) _____	
			CODE AND LICENSURE CORRECTION GROUPS
			Licensure (LC) _____
			Annual request? _____
			Life Safety (LS) _____
			Annual request? _____
			Handicapped (LH) _____
			Annual request? _____
			Environmental (LE) _____
			Annual request? _____
SPECIAL SYSTEM GROUP		CAMPUS SYSTEM GROUP	
Annual group request? _____		Annual group request? _____	
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>			
PART B: PROJECTED FINANCE PLAN FOR FACILITY GROUP REPAIRS, AND SPECIFIED CODE AND LICENSURE CORRECTIONS:			
Group/System	Fund Code	FY 2016-17	FY 2017-18
FY 2018-19	FY 2019-20	FY 2020-21	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL	_____	_____	_____
	_____	_____	_____

CIP-5: Service-Level Capital Renewal Projects

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

Project Description	DMS Bldg.#	Critical Routine	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21

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 2016-17 FY 2017-18 FY 2018-19 FY 2019-20 FY 2020-21

Total: All Costs by Fund Code

Fund Code	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
TOTAL					

CIP-5: Service-Level Capital Renewal Projects

PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:						
Incremental Facility Maintenance 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	_____	_____	_____	_____	_____
Incremental Utility Costs						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____