

CIP-4: Service-Level Operational Maintenance Budget

Agency:	Department of Legal Affairs					
Service:						
Square Feet						
Managed	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Not Applicable						
<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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Expenses	_____

SUBTOTAL	_____
Other	_____
(specify)	_____

SUBTOTAL	_____
Fund Totals	_____

TOTAL	

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		_____	_____	_____	_____	_____

NEW FACILITIES: (Only those square feet added in FY 2015-2016 and beyond):

Preventive Maintenance:

	Fund Code	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
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					