



# FLORIDA DEPARTMENT *of* STATE

CIP-5

Capital Renewal Projects

(Not Applicable)

### CIP-5: Service-Level Capital Renewal Projects

<b>Agency:</b>	Department of State	<b>LAS/PBS Budget Entity Code:</b>	
<b>Service:</b>	Not Applicable	<b>Appropriation Category Code:</b>	
<b>Project Title:</b>		<b>Agency Priority:</b>	
		<b>LRPP Narrative Page:</b>	
<b>To be constructed by:</b> Contract _____ Force account _____			
<b>Level of Aggregation:</b>			
<input type="checkbox"/> Service <input type="checkbox"/> Institution/Campus (SUS/SBCC only): _____ <span style="margin-left: 300px;">NAME</span>			
<b>Major Repair Project? (Y/N) (If Yes, complete Parts A, D &amp; E; if No, complete Parts A, B &amp; C.)</b>			
<b>Critical Need? (Y/N) (If Yes, all funding must be requested in the first two fiscal years.)</b>			
<b>PART A: SYSTEM IDENTIFICATION</b>			
<b>BUILDING SYSTEM GROUP</b> Annual group request? _____		<b>CENTRAL UTILITY SYSTEM GROUP</b> Annual group request? _____	
electrical (BE) _____	envelope (BX) _____	cogeneration (UG) _____	cooling gen./distrib. (UC) _____
interior (BI) _____	mechanical (BM) _____	electric distrib. (UD) _____	heating gen./distrib. (UH) _____
plumbing (BP) _____	roof (BR) _____	landfill (UL) _____	water treat./distrib. (UW) _____
site (BG) _____	special (BD) _____	waste treatment (US) _____	
structural (BS) _____			
<b>SPECIAL SYSTEM GROUP</b> Annual group request? _____		<b>CAMPUS SYSTEM GROUP</b> Annual group request? _____	
energy conservation (SC) _____	storage tanks (BX) _____	drainage/grounds (CG) _____	road system paving (CR) _____
		other paving (CP) _____	
			<b>CODE AND LICENSURE CORRECTION GROUPS</b>
			Licensure (LC) _____
			Annual request? _____
			Life Safety (LS) _____
			Annual request? _____
			Handicapped (LH) _____
			Annual request? _____
			Environmental (LE) _____
			Annual request? _____
<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>			
<b>PART B: PROJECTED FINANCE PLAN FOR FACILITY GROUP REPAIRS, AND SPECIFIED CODE AND LICENSURE CORRECTIONS:</b>			
<b>Group/System</b>	<b>Fund Code</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>
<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	
<b>TOTAL</b>			

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**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
<b>TOTAL</b>					

### CIP-5: Service-Level Capital Renewal Projects

<b>PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:</b>						
<b>Incremental Facility Maintenance Costs</b>	<b>Fund Code</b>	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
<b>Fund Totals</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____
<b>Incremental</b>						
<b>Utility Costs</b>						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____