



FLORIDA DEPARTMENT *of* STATE

CIP-5

Capital Renewal Projects

(Not Applicable)

CIP-5: Service-Level Capital Renewal Projects

Agency:	Department of State	LAS/PBS Budget Entity Code:				
Service:	Not Applicable	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: right; margin-left: 450px;">NAME</div>						
Major Repair Project? (Y/N) (If Yes, complete Parts A, D & E; if No, 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		CODE AND LICENSURE CORRECTION GROUPS		
Annual group request? _____		Annual group request? _____		Annual request? _____		
electrical (BE) _____	envelope (BX) _____	cogeneration (UG) _____	cooling gen./distrib. (UC) _____	Licensure (LC) _____		
interior (BI) _____	mechanical (BM) _____	electric distrib. (UD) _____	heating gen./distrib. (UH) _____	Annual request? _____		
plumbing (BP) _____	roof (BR) _____	landfill (UL) _____	water treat./distrib. (UW) _____	Life Safety (LS) _____		
site (BG) _____	special (BD) _____	waste treatment (US) _____		Annual request? _____		
structural (BS) _____				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		_____	_____	_____	_____	_____

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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
TOTAL					

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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	_____	_____	_____	_____	_____