

CIP-4: Service-Level Operational Maintenance Budget

Agency:	Department of Business and Professional Regulation					
Service:	N/A					
Square Feet						
Managed	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
<i>(NOTE: For FY 2016-17, 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 2016-17):						
Preventive Maintenance						
	Fund Code	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
General Maintenance						
	Fund Code	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____

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Expenses	_____

	SUBTOTAL _____
Other	_____
(specify)	_____
	SUBTOTAL _____
Fund Totals	_____

	TOTAL

Routine Operating Costs

	Fund Code	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

NEW FACILITIES (Only those square feet added in FY 2014-2015 and beyond):

Preventive Maintenance

	Fund Code	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____

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OPS		
	SUBTOTAL	
Expenses		
	SUBTOTAL	
Other (specify)		
	SUBTOTAL	
Fund Totals		
	TOTAL	
General Maintenance		
	Fund Code	FY 2017-18
	FY 2018-19	FY 2019-20
	FY 2020-21	FY 2021-22
Salaries & Benefits		
	SUBTOTAL	
OPS		
	SUBTOTAL	
Expenses		
	SUBTOTAL	
Other (specify)		
	SUBTOTAL	
Fund Totals		
	TOTAL	

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Routine Operating Costs					
Fund Code	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Salaries & Benefits					
SUBTOTAL					
OPS					
SUBTOTAL					
Expenses					
SUBTOTAL					
Other (specify)					
SUBTOTAL					
Fund Totals					
TOTAL					