

CIP-4: Service-Level Operational Maintenance Budget

Agency:						
Service:						
Square Feet						
Managed	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21
<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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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					

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Agency:						
Service:						
Square Feet Managed	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
<p><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></p>						
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	_____					

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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					