



FLORIDA DEPARTMENT *of* STATE

CIP-4

Service- Level Operational

Maintenance Budget

(Not Applicable)

CIP-4: Service-Level Operational Maintenance Budget

Agency:	Department of State					
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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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	_____	_____	_____	_____	_____