



# FLORIDA DEPARTMENT *of* STATE

CIP-4

Service- Level Operational

Maintenance Budget

(Not Applicable)

## CIP-4: Service-Level Operational Maintenance Budget

<b>Agency:</b>	Department of State					
<b>Service:</b>	N/A					
<b>Square Feet</b>						
<b>Managed</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>FY 2021-22</b>
<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>						
<b>EXISTING FACILITIES (All square feet listed above for FY 2016-17):</b>						
<b>Preventive Maintenance</b>						
	<b>Fund Code</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>FY 2021-22</b>
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
<b>Fund Totals</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
<b>General Maintenance</b>						
	<b>Fund Code</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>FY 2021-22</b>
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____

## CIP-4: Service-Level Operational Maintenance Budget

Expenses	_____					
	_____					
	SUBTOTAL	_____				
Other	_____					
(specify)	_____					
	SUBTOTAL	_____				
<b>Fund Totals</b>	_____					
	_____					
	_____					
	TOTAL					
<b>Routine Operating Costs</b>						
	<b>Fund Code</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>FY 2021-22</b>
Salaries & Benefits	_____					
	_____					
	SUBTOTAL	_____				
OPS	_____					
	_____					
	SUBTOTAL	_____				
Expenses	_____					
	_____					
	SUBTOTAL	_____				
Other	_____					
(specify)	_____					
	SUBTOTAL	_____				
<b>Fund Totals</b>	_____					
	_____					
	_____					
	TOTAL					
<b>NEW FACILITIES (Only those square feet added in FY 2014-2015-and beyond):</b>						
<b>Preventive Maintenance</b>						
	<b>Fund Code</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>FY 2021-22</b>
Salaries & Benefits	_____					
	_____					
	SUBTOTAL	_____				

### CIP-4: Service-Level Operational Maintenance Budget

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

### CIP-4: Service-Level Operational Maintenance Budget

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					
<b>Fund Totals</b>					
TOTAL					