



# FLORIDA DEPARTMENT *of* STATE

CIP-5

Capital Renewal Projects

## CIP-5: Service-Level Capital Renewal Projects

<b>Agency:</b>	Department of State	<b>LAS/PBS Budget Entity Code:</b>	45200700			
<b>Service:</b>	Facilities Repairs & Maintenance	<b>Appropriation Category Code:</b>	080956			
<b>Project Title:</b>	Facilities Improvement & Maintenance	<b>Agency Priority:</b>	1			
	Re-Roofing Mission San Luis Church	<b>LRPP Narrative Page:</b>	N/A			
<b>To be constructed by:</b> Contract _____ Force account _____						
<b>Level of Aggregation:</b>						
<input checked="" type="checkbox"/> Service <input type="checkbox"/> Institution/Campus (SUS/SBCC only): _____ <div style="text-align: center;">NAME</div>						
<b>Major Repair Project? (Y/N) (If <u>Yes</u>, complete Parts A, D &amp; E; if <u>No</u>, complete Parts A, B &amp; C.)</b>						
<b>Critical Need? (Y/N) (If Yes, all funding must be requested in the first two fiscal years.)</b>						
<b>PART A: SYSTEM IDENTIFICATION</b>						
<b>BUILDING SYSTEM GROUP</b>		<b>CENTRAL UTILITY SYSTEM GROUP</b>				
<b>Annual group request? _____</b>		<b>Annual group request? _____</b>				
electrical (BE) _____	envelope (BX) _____	interior (BI) _____	mechanical (BM) _____			
plumbing (BP) _____	roof (BR) <u>X</u> _____	site (BG) _____	special (BD) _____			
structural (BS) <u>X</u> _____						
		cogeneration (UG) _____	cooling gen./distrib. (UC) _____			
		electric distrib. (UD) _____	heating gen./distrib. (UH) _____			
		landfill (UL) _____	water treat./distrib. (UW) _____			
		waste treatment (US) _____				
			<b>CODE AND LICENSURE CORRECTION GROUPS</b>			
			Licensure (LC) _____			
			<b>Annual request? _____</b>			
			Life Safety (LS) _____			
			<b>Annual request? _____</b>			
			Handicapped (LH) _____			
			<b>Annual request? _____</b>			
			Environmental (LE) _____			
			<b>Annual request? _____</b>			
<b>SPECIAL SYSTEM GROUP</b>		<b>CAMPUS SYSTEM GROUP</b>				
<b>Annual group request? _____</b>		<b>Annual group request? _____</b>				
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>						
<b>PART B: PROJECTED FINANCE PLAN FOR FACILITY GROUP REPAIRS, AND SPECIFIED CODE AND LICENSURE CORRECTIONS:</b>						
<b>Group/System</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>
Building System Group	2423	350,000	N/A	N/A	N/A	N/A
<b>TOTAL</b>		_____	_____	_____	_____	_____

### CIP-5: Service-Level Capital Renewal Projects

**PART C: SCHEDULE OF FACILITY GROUP REPAIRS, OR SPECIFIED CODE AND LICENSURE CORRECTIONS, AND COMPONENT FINANCING:**

Project Description	DMS Bldg.#	Critical Routine	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Historic Buildi Enhancements	10000	Routine	350,000	N/A	N/A	N/A	N/A

**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 2017-18    FY 2018-19    FY 2019-20    FY 2020-21    FY 2021-22


Total: All Costs by Fund Code

Fund Code	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
<b>TOTAL</b>					

**CIP-5: Service-Level Capital Renewal Projects**

<b>PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:</b>						
<b>Incremental Facility Maintenance 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	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
<b>Fund Totals</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____
<hr style="border-top: 1px dashed black;"/>						
<b>Incremental Utility Costs</b>						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____