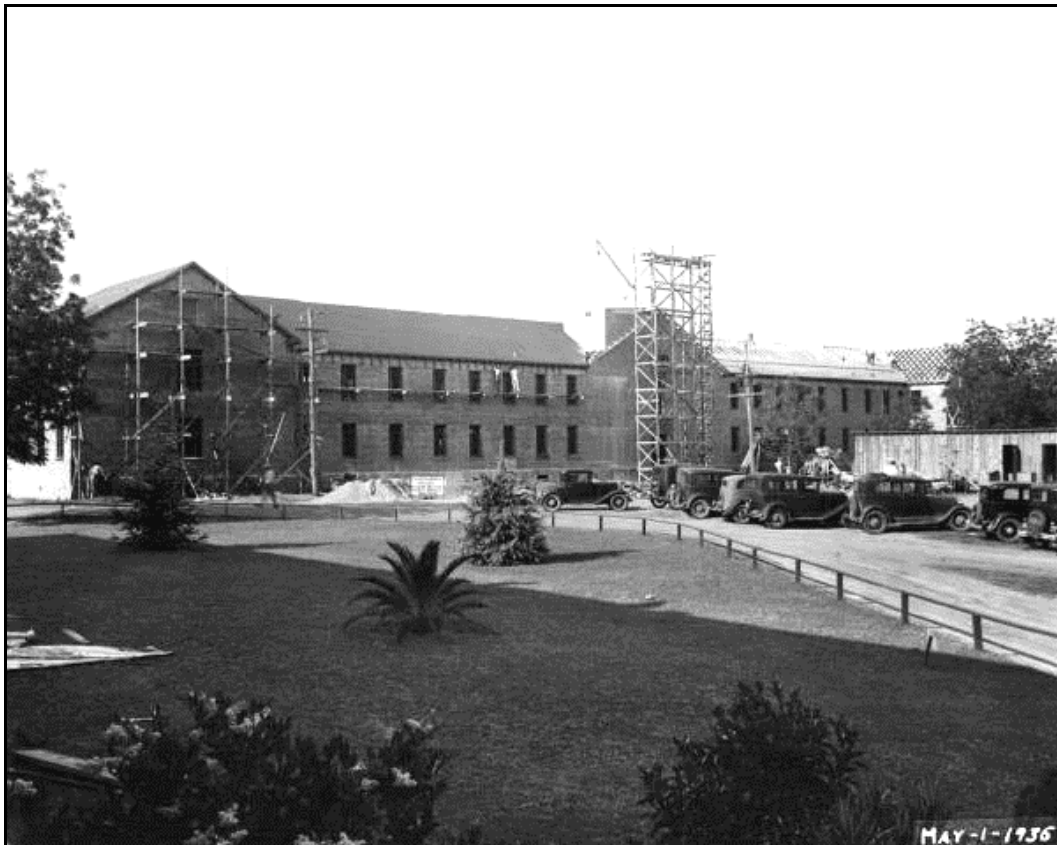




CIP-3

FIVE-YEAR NEW CONSTRUCTION AND NON-STRUCTURAL CIP PLAN Fiscal Year 2018-19 through Fiscal Year 2022-23



A 1936 building construction project at Florida State Hospital (Chattahoochee), funded by W.P.A.

CIP-3: Short -Term Project Explanation Form
(For New Buildings and Additions)

Agency:	Department of Children and Families		Agency Priority:				
Budget Entity and Budget Entity Code:	Assistant Secretary for Administration		Project Category:				
Appropriation Category Code:	080751		LRPP Narrative Page:				
PROJECT TITLE:	Forensic MHTFs – Feasibility Study & Cost Analysis (500-bed replacement facility)						
Statutory Authority:	Chapters 20, 409, 414 , 984, Florida Statutes						
To be Constructed by:		Contract? (Y/N)	YES	Force Acct.? (Y/N)	NO		
Facility Type	Service Load	Planned Used Factor	User Stations Required	Existing Stations	New User Stations Required	Space Factor	Net Area Required
22 (Forensic Care)	500	1	500	to be replaced by new beds	500	TBD	TBD
Geog. Location:	To Be Determined						
County:	To Be Determined						
Facility Type	Net Area (sq. ft.)	Efficiency Factor	Gross Area (sq. ft.)	Unit Cost	Construction Cost	Occupancy Date	
	-		-	\$ -	\$ -		
	-		-	\$ -	\$ -		
Schedule of Project Components	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23		
1. Basic Construction Costs	\$	\$	\$	\$	align="center">\$		
a. Construction Cost	TBD						
b. Permits, Inspections, Impact Fees							
c. Communication requirements (conduits, wiring, etc.)							
d. Utilities outside building							
e. Site Development (roads, paving, etc.)	TBD						
f. Energy efficient equipment							
g. Art allowance (F.S., Section 255.043)							
h. Other							
Subtotal:	-	-	-	-	-	-	

CIP-3: Short -Term Project Explanation Form

2. Other Project Costs		\$	\$	\$	\$	\$
a. Land/Existing Facility Acqstn		-	-	-	-	-
b. Professional Services						
1) Planning/Programming		750,000				
2) A/E Fees						
3) On-site representatives						
4) Testing / Surveys						
5) Other professional services						
c. Miscellaneous costs						
d. Moveable equipment/furniture						
Subtotal:		750,000	-	-	-	-
3. All Costs (1 + 2)		750,000	-	-	-	-
4. DMS Fee						
Total: All Costs by Fund						
Fund Code:						
Fund Code:						
TOTAL (3 + 4)		\$ 750,000	\$ -	\$ -	\$ -	\$ -
Appropriations to-date:				Projected Costs Beyond CIP:		
GR				GR		
TF				TF		
TOTAL		\$0		TOTAL		\$0
Changes in Agency Service Costs		FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Category	Fund Code	\$	\$	\$	\$	\$
Salaries & Benefits						
Subtotal						
OPS						
Subtotal						
Expenses						
Subtotal						
Other (Specify)						
Subtotal						
Fund Totals						
TOTAL		\$ -	\$ -	\$ -	\$ -	\$ -