

Florida Commission on Offender Review

CIP – 5 Capital Renewal Projects

CIP-5: Service-Level Capital Renewal Projects

Agency:	Florida Commission on Offender Review	LAS/PBS Budget Entity Code:																		
Service:		Appropriation Category Code:																		
Project Title:	Not Applicable	Agency Priority:																		
		LRPP Narrative Page:																		
To be constructed by: Contract _____ Force account _____																				
Level of Aggregation:																				
<input type="checkbox"/> Service <input type="checkbox"/> Institution/Campus (SUS/SBCC only): _____ <div style="text-align: center;">NAME</div>																				
Major Repair Project? (Y/N) (If Yes, complete Parts A, D & E; if No, complete Parts A, B & C.)																				
Critical Need? (Y/N) (If Yes, all funding must be requested in the first two fiscal years.)																				
PART A: SYSTEM IDENTIFICATION																				
BUILDING SYSTEM GROUP		CENTRAL UTILITY SYSTEM GROUP																		
Annual group request? _____		Annual group request? _____																		
electrical (BE) _____	envelope (BX) _____	cogeneration (UG) _____	cooling gen./distrib. (UC) _____																	
interior (BI) _____	mechanical (BM) _____	electric distrib. (UD) _____	heating gen./distrib. (UH) _____																	
plumbing (BP) _____	roof (BR) _____	landfill (UL) _____	water treat./distrib. (UW) _____																	
site (BG) _____	special (BD) _____	waste treatment (US) _____																		
structural (BS) _____																				
		CODE AND LICENSURE CORRECTION GROUPS																		
		Licensure (LC) _____																		
		Annual request? _____																		
		Life Safety (LS) _____																		
		Annual request? _____																		
		Handicapped (LH) _____																		
		Annual request? _____																		
		Environmental (LE) _____																		
		Annual request? _____																		
SPECIAL SYSTEM GROUP		CAMPUS SYSTEM GROUP																		
Annual group request? _____		Annual group request? _____																		
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>																				
PART B: PROJECTED FINANCE PLAN FOR FACILITY GROUP REPAIRS, AND SPECIFIED CODE AND LICENSURE CORRECTIONS:																				
Group/System	Fund Code	FY 2018-1	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23														
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TOTAL																				

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PART C: SCHEDULE OF FACILITY GROUP REPAIRS, OR SPECIFIED CODE AND LICENSURE CORRECTIONS, AND COMPONENT FINANCING:							
Project Description	DMS Bldg.#	Critical Routine	FY 2018-1	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23

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 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23

Total: All Costs by Fund Code					
Fund Code	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23

TOTAL					

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PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:						
Incremental Facility Maintenance Costs	Fund Code	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
Incremental Utility Costs						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____

Office of Policy and Budget - July 2017