

CIP-4: Service-Level Operational Maintenance Budget

Agency:	Department of Legal Affairs					
Service:	Not Applicable					
Square Feet						
Managed	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
<i>(NOTE: For FY 2017-18, 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 2017-18):						
Preventive Maintenance						
	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	_____	_____	_____	_____	_____
General Maintenance						
	Fund Code	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____

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OPS	_____

	SUBTOTAL _____
Expenses	_____

	SUBTOTAL _____
Other (specify)	_____

	SUBTOTAL _____
Fund Totals	_____

	TOTAL

General Maintenance

	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					

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Routine Operating 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	_____	_____	_____	_____	_____