

CIP-3

Five-Year New Construction and Non-Structural CIP Plan

CIP-3: Short -Term Project Explanation Form

Agency:	Agency for Health Care Administration	Agency Priority:	
Budget Entity and Budget Entity Code:	Administration and Support 68200000	Project Category:	
Appropriation Category Code:		LRPP Narrative Page:	
PROJECT TITLE:			
Statutory Authority:			
To be Constructed by:	Contract? (Y/N)	YES NO	Force Acct.? (Y/N)
			YES NO
Facility Type	Service Load	Planned Used Factor	User Stations Required
			Existing Stations
			New User Stations Required
			Space Factor
			Net Area Required
Geog. Location:			
County:			
Facility Type	Net Area (sq. ft.)	Efficiency Factor	Gross Area (sq. ft.)
	-		-
	-		-
			\$ -
			\$ -
			\$ -
Schedule of Project Components	FY 2010-11	FY 2011-12	FY 2012-13
1. Basic Construction Costs	\$	\$	\$
a. Construction Cost			
b. Permits, Inspections, Impact Fees			
c. Communication requirements (conduits, wiring, etc.)			
d. Utilities outside building			
e. Site Development (roads, paving, etc.)			
f. Energy efficient equipment			
g. Art allowance (F.S., Section 255.043)			
h. Other			
Subtotal:	-	-	-

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2. Other Project Costs		\$	\$	\$	\$	\$
a. Land/Existing Facility Acqstn		-	-	-	-	-
b. Professional Services						
1) Planning/Programming						
2) A/E Fees						
3) On-site representatives						
4) Testing / Surveys						
5) Other professional services						
c. Miscellaneous costs						
d. Moveable equipment/furniture						
Subtotal:		-	-	-	-	-
3. All Costs (1 + 2)		-	-	-	-	-
4. DMS Fee						
Total: All Costs by Fund						
Fund Code:						
Fund Code:						
TOTAL (3 + 4)		\$ -	\$ -	\$ -	\$ -	\$ -
Appropriations to-date:		Projected Costs Beyond CIP:				
GR		GR				
TF		TF				
TOTAL		TOTAL			\$0	\$0
Changes in Agency Service Costs		FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Category	Fund Code	\$	\$	\$	\$	\$
Salaries & Benefits						
Subtotal						
OPS						
Subtotal						
Expenses						
Subtotal						
Other (Specify)						
Subtotal						
Fund Totals						
TOTAL		\$ -	\$ -	\$ -	\$ -	\$ -

CIP-3: Short -Term Project Explanation Form

Agency:	Agency for Health Care Administration	Agency Priority:	
Budget Entity and	Administration and Support	Project Category:	
Budget Entity Code:	Statewide Advocacy Council 68200000		
Appropriation Category Code:		LRPP Narrative Page:	
PROJECT TITLE:			
Statutory Authority:			
To be Constructed by:	Contract? (Y/N)	YES NO	Force Acct.? (Y/N)
			YES NO
Facility Type	Service Load	Planned Used Factor	User Stations Required
			Existing Stations
			New User Stations Required
			Space Factor
			Net Area Required
Geog. Location:			
County:			
Facility Type	Net Area (sq. ft.)	Efficiency Factor	Gross Area (sq. ft.)
	-		-
	-		-
			\$ -
			\$ -
			\$ -
Schedule of Project Components	FY 2010-11	FY 2011-12	FY 2012-13
1. Basic Construction Costs	\$	\$	\$
a. Construction Cost			
b. Permits, Inspections, Impact Fees			
c. Communication requirements (conduits, wiring, etc.)			
d. Utilities outside building			
e. Site Development (roads, paving, etc.)			
f. Energy efficient equipment			
g. Art allowance (F.S., Section 255.043)			
h. Other			
Subtotal:	-	-	-

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2. Other Project Costs		\$	\$	\$	\$	\$
a. Land/Existing Facility Acqstn		-	-	-	-	-
b. Professional Services						
1) Planning/Programming						
2) A/E Fees						
3) On-site representatives						
4) Testing / Surveys						
5) Other professional services						
c. Miscellaneous costs						
d. Moveable equipment/furniture						
Subtotal:		-	-	-	-	-
3. All Costs (1 + 2)		-	-	-	-	-
4. DMS Fee						
Total: All Costs by Fund						
Fund Code:						
Fund Code:						
TOTAL (3 + 4)		\$ -	\$ -	\$ -	\$ -	\$ -
Appropriations to-date:					Projected Costs Beyond CIP:	
GR					GR	
TF					TF	
TOTAL		\$0			TOTAL	\$0
Changes in Agency Service Costs		FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Category	Fund Code	\$	\$	\$	\$	\$
Salaries & Benefits						
Subtotal						
OPS						
Subtotal						
Expenses						
Subtotal						
Other (Specify)						
Subtotal						
Fund Totals						
TOTAL		\$ -	\$ -	\$ -	\$ -	\$ -

CIP-3: Short -Term Project Explanation Form

Agency:	Agency for Health Care Administration	Agency Priority:	
Budget Entity and Budget Entity Code:	Health Care Services 68500200	Project Category:	
Appropriation Category Code:		LRPP Narrative Page:	
PROJECT TITLE:			
Statutory Authority:			
To be Constructed by:	Contract? (Y/N)	YES NO	Force Acct.? (Y/N)
			YES NO
Facility Type	Service Load	Planned Used Factor	User Stations Required
			Existing Stations
			New User Stations Required
			Space Factor
			Net Area Required
Geog. Location:			
County:			
Facility Type	Net Area (sq. ft.)	Efficiency Factor	Gross Area (sq. ft.)
	-		-
	-		-
			\$ -
			\$ -
			\$ -
Schedule of Project Components	FY 2010-11	FY 2011-12	FY 2012-13
1. Basic Construction Costs	\$	\$	\$
a. Construction Cost			
b. Permits, Inspections, Impact Fees			
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h. Other			
Subtotal:	-	-	-

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a. Land/Existing Facility Acqstn		-	-	-	-	-
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2) A/E Fees						
3) On-site representatives						
4) Testing / Surveys						
5) Other professional services						
c. Miscellaneous costs						
d. Moveable equipment/furniture						
Subtotal:		-	-	-	-	-
3. All Costs (1 + 2)		-	-	-	-	-
4. DMS Fee						
Total: All Costs by Fund						
Fund Code:						
Fund Code:						
TOTAL (3 + 4)		\$ -	\$ -	\$ -	\$ -	\$ -
Appropriations to-date:					Projected Costs Beyond CIP:	
GR					GR	
TF					TF	
TOTAL		\$0			TOTAL	\$0
Changes in Agency Service Costs		FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Category	Fund Code	\$	\$	\$	\$	\$
Salaries & Benefits						
Subtotal						
OPS						
Subtotal						
Expenses						
Subtotal						
Other (Specify)						
Subtotal						
Fund Totals						
TOTAL		\$ -	\$ -	\$ -	\$ -	\$ -

CIP-3: Short -Term Project Explanation Form

Agency:	Agency for Health Care Administration	Agency Priority:	
Budget Entity and Budget Entity Code:	Health Care Regulation 68700700	Project Category:	
Appropriation Category Code:		LRPP Narrative Page:	
PROJECT TITLE:			
Statutory Authority:			
To be Constructed by:	Contract? (Y/N)	YES NO	Force Acct.? (Y/N)
			YES NO
Facility Type	Service Load	Planned Used Factor	User Stations Required
			Existing Stations
			New User Stations Required
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Geog. Location:			
County:			
Facility Type	Net Area (sq. ft.)	Efficiency Factor	Gross Area (sq. ft.)
	-		-
	-		-
			\$ -
			\$ -
			\$ -
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h. Other			
Subtotal:	-	-	-

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4) Testing / Surveys						
5) Other professional services						
c. Miscellaneous costs						
d. Moveable equipment/furniture						
Subtotal:		-	-	-	-	-
3. All Costs (1 + 2)		-	-	-	-	-
4. DMS Fee						
Total: All Costs by Fund						
Fund Code:						
Fund Code:						
TOTAL (3 + 4)		\$ -	\$ -	\$ -	\$ -	\$ -
Appropriations to-date:					Projected Costs Beyond CIP:	
GR					GR	
TF					TF	
TOTAL		\$0			TOTAL	\$0
Changes in Agency Service Costs		FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15
Category	Fund Code	\$	\$	\$	\$	\$
Salaries & Benefits						
Subtotal						
OPS						
Subtotal						
Expenses						
Subtotal						
Other (Specify)						
Subtotal						
Fund Totals						
TOTAL		\$ -	\$ -	\$ -	\$ -	\$ -