



# FLORIDA DEPARTMENT *of* STATE

CIP-4

Service- Level Operational  
Maintenance Budget  
(Not Applicable)

### CIP-4: Service-Level Operational Maintenance Budget

Agency:	Department of State					
Service:	N/A					
<b>Square Feet</b>						
Managed	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
<p><i>(NOTE: For FY 2018-19, 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></p>						
<b>EXISTING FACILITIES (All square feet listed above for FY 2017-18):</b>						
<b>Preventive Maintenance</b>						
	Fund Code	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
<b>Fund Totals</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
<b>General Maintenance</b>						
	Fund Code	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____

**CIP-4: Service-Level Operational Maintenance Budget**

Expenses	_____
	_____
	SUBTOTAL _____
Other	_____
(specify)	_____
	SUBTOTAL _____
<b>Fund Totals</b>	_____
	_____
	_____
	TOTAL _____

<b>Routine Operating Costs</b>						
	Fund Code	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				
<b>Fund Totals</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____				

<b>NEW FACILITIES (Only those square feet added in FY 2014-2015-and beyond):</b>						
<b>Preventive Maintenance</b>						
	Fund Code	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				

**CIP-4: Service-Level Operational Maintenance Budget**

OPS	_____
	_____
	SUBTOTAL _____
Expenses	_____
	_____
	SUBTOTAL _____
Other (specify)	_____
	_____
	SUBTOTAL _____
<b>Fund Totals</b>	_____
	_____
	_____
	TOTAL

<b>General Maintenance</b>						
	<b>Fund Code</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>FY 2021-22</b>	<b>FY 2022-23</b>	<b>FY 2023-24</b>
Salaries & Benefits	_____					
	_____					
	SUBTOTAL	_____				
OPS	_____					
	_____					
	SUBTOTAL	_____				
Expenses	_____					
	_____					
	SUBTOTAL	_____				
Other (specify)	_____					
	_____					
	SUBTOTAL	_____				
<b>Fund Totals</b>	_____					
	_____					
	_____					
	TOTAL					

### CIP-4: Service-Level Operational Maintenance Budget

<b>Routine Operating Costs</b>						
	<b>Fund Code</b>	<b>FY 2019-20</b>	<b>FY 2020-21</b>	<b>FY 2021-22</b>	<b>FY 2022-23</b>	<b>FY 2023-24</b>
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
<b>Fund Totals</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____