

Florida Commission on Offender Review

CIP – 3 Five-Year New Construction and Non-Structural CIP Plan

CIP-3: Short-Term Project Explanation

Agency:	Floirda Commission on Offender Review			Agency Priority:			
Budget Entity and Budget Entity Code:				Project Category:			
Appropriation Category Code:				LRPP Narrative Page:			
PROJECT TITLE:	Not Applicable						
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
Geographic Location:							
County:							
Facility Type	Net Area (square feet)	Efficiency Factor	Gross Area (square feet)	Unit Cost	Construction Cost	Occupancy Date	
Schedule of Project Components		FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	
I. 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 (Section 255.043, Florida Statutes)							
h. Other							
Subtotal:		\$	\$	\$	\$	\$	

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2. Other Project Costs		\$	\$	\$	\$	\$
a. Land/Existing Facility Acquisition						
b. Professional Services						
1) Planning/Programming						
2) Architechtural/Engineering 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:				
General Revenue		General Revenue				
Trust Funds		Trust Funds				
TOTAL		\$0			\$0	
Changes in Agency Service Costs		FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25
Category	Fund Code	\$	\$	\$	\$	\$
Salaries & Benefits						
Subtotal						
OPS						
Subtotal						
Expenses						
Subtotal						
Other (Specify)						
Subtotal						
Fund Totals						
TOTAL		\$	\$	\$	\$	\$

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