

CIP-4: Service-Level Operational Maintenance Budget

Agency:	Department of Health					
Service:	N/A					
Square Feet Managed	_____					
<p><i>(NOTE: For CURRENT FY, 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>						
EXISTING FACILITIES (All square feet listed above):						
Preventive Maintenance						
	Fund Code	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28
Salaries & Benefits	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____
General Maintenance						
	Fund Code	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28
Salaries & Benefits	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____

At the facilities' central office level the department does not track net service cost data by facility. Much of these service costs are already included in the department's operational expenditures since most cases involve existing staff who will occupy the new facilities. Net increase or decrease in service costs for each project is done locally and submitted in the operational budget. With data not readily available, the potential for over estimating net service costs is great and could result in the double counting of the department's estimated expenditures.

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Expenses	_____					

SUBTOTAL	_____					
Other	_____					
(specify)	_____					

SUBTOTAL	_____					
Fund Totals	_____					

TOTAL	_____					
Routine Operating Costs						
	Fund Code	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28
Salaries & Benefits	_____					

SUBTOTAL	_____					
OPS	_____					

SUBTOTAL	_____					
Expenses	_____					

SUBTOTAL	_____					
Other	_____					
(specify)	_____					

SUBTOTAL	_____					
Fund Totals	_____					

TOTAL	_____					

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NEW FACILITIES (Only those square feet added in CURRENT FY-and beyond):						
Preventive Maintenance						
Fund Code	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____
General Maintenance						
Fund Code	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
SUBTOTAL	_____	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
TOTAL	_____	_____	_____	_____	_____	_____
Routine Operating Costs						
Fund Code	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	

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Salaries & Benefits	_____

	SUBTOTAL _____
OPS	_____

	SUBTOTAL _____
Expenses	_____

	SUBTOTAL _____
Other (specify)	_____

	SUBTOTAL _____
Fund Totals	_____

	TOTAL _____