



## CIP-5 Capital Renewal Projects

## CIP-5: Service-Level Capital Renewal Projects

<b>Agency:</b>	Department of Business and Professional Regulation	<b>LAS/PBS Budget Entity Code:</b>	
<b>Service:</b>	N/A	<b>Appropriation Category Code:</b>	
<b>Project Title:</b>		<b>Agency Priority:</b>	
		<b>LRPP Narrative Page:</b>	

**To be constructed by:** Contract \_\_\_\_\_ Force account \_\_\_\_\_

**Level of Aggregation:**

Service       Institution/Campus (SUS/SBCC only): \_\_\_\_\_  
NAME

**Major Repair Project? (Y/N) (If Yes, complete Parts A, D & E; if No, complete Parts A, B & C.)**

**Critical Need? (Y/N) (If Yes, all funding must be requested in the first two fiscal years.)**

**PART A: SYSTEM IDENTIFICATION**

<p><b>BUILDING SYSTEM GROUP</b>  <b>Annual group request?</b> _____</p> <p>electrical (BE) _____  envelope (BX) _____  interior (BI) _____  mechanical (BM) _____  plumbing (BP) _____  roof (BR) _____  site (BG) _____  special (BD) _____  structural (BS) _____</p>	<p><b>CENTRAL UTILITY SYSTEM GROUP</b>  <b>Annual group request?</b> _____</p> <p>cogeneration (UG) _____  cooling gen./distrib. (UC) _____  electric distrib. (UD) _____  heating gen./distrib. (UH) _____  landfill (UL) _____  water treat./distrib. (UW) _____  waste treatment (US) _____</p>	<p><b>CODE AND LICENSURE CORRECTION GROUPS</b></p> <p>Licensure (LC) _____  <b>Annual request?</b> _____</p> <p>Life Safety (LS) _____  <b>Annual request?</b> _____</p> <p>Handicapped (LH) _____  <b>Annual request?</b> _____</p> <p>Environmental (LE) _____  <b>Annual request?</b> _____</p>
<p><b>SPECIAL SYSTEM GROUP</b>  <b>Annual group request?</b> _____</p> <p>energy conservation (SC) _____  storage tanks (BX) _____</p>	<p><b>CAMPUS SYSTEM GROUP</b>  <b>Annual group request?</b> _____</p> <p>drainage/grounds (CG) _____  road system paving (CR) _____  other paving (CP) _____</p>	

*NOTE: If at least three systems or at least two groups are to be repaired in a single project, it is a MAJOR REPAIR and Part D should be used. If three or more systems in a facility group are being repaired in separate projects within one group's general capital renewal request, it is NOT a MAJOR REPAIR and you will answer YES to "annual request" and complete Parts B and C.*

**PART B: PROJECTED FINANCE PLAN FOR FACILITY GROUP REPAIRS, AND SPECIFIED CODE AND LICENSURE CORRECTIONS:**

Group/System	Fund Code	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
<b>TOTAL</b>						

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**PART C: SCHEDULE OF FACILITY GROUP REPAIRS, OR SPECIFIED CODE AND LICENSURE CORRECTIONS, AND COMPONENT FINANCING:**

Project Description	DMS Bldg.#	Critical Routine	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16

**PART D: SCHEDULE OF MAJOR REPAIRS AND COMPONENT FINANCING:**

**BUILDING / FACILITY IDENTIFICATION / DESCRIPTION**  
 DMS BLDG NO. \_\_\_\_\_ ADDRESS / LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_  
 LRPP NARRATIVE PAGE ON WHICH PROJECT IS DESCRIBED \_\_\_\_\_

Schedule of Project Components (Component/Fund Code)	Estimated Expenditures				
	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16

Total: All Costs by Fund Code						
	Fund Code	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
	<b>TOTAL</b>					

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<b>PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:</b>						
<b>Incremental Facility Maintenance Costs</b>	<b>Fund Code</b>	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>SUBTOTAL</b>	_____	_____	_____	_____	_____
<b>Fund Totals</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____
<b>Incremental Utility Costs</b>						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____