



CIP-3

FIVE-YEAR NEW CONSTRUCTION AND NON-STRUCTURAL CIP PLAN Fiscal Year 2011-12 through Fiscal Year 2015-16



South Florida Evaluation and Treatment Center (Florida City)



BUDGET ENTITY LEVEL

CIP-3

PROJECT EXPLANATION

Executive Direction and Support Services



Northeast Florida State Hospital (Macclenny)

CIP-3: Short -Term Project Explanation Form
(For New Buildings and Additions)

Agency:	Department of Children and Families		Agency Priority:	2			
Budget Entity and Budget Entity Code:	Assistant Secretary for Administration		Project Category:	ICMG			
Appropriation Category Code:	080753		LRPP Narrative Page:				
PROJECT TITLE:	New Security Welcome Center, Northeast Florida State Hospital						
Statutory Authority:	Chapters 20, 409, 414 , 984, Florida Statutes						
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
Security Monitoring	18	18	5	0	5		1100
Geog. Location:							
County:	Baker County						
Facility Type	Net Area (sq. ft.)	Efficiency Factor	Gross Area (sq. ft.)	Unit Cost	Construction Cost	Date	
	-		-	\$ -	\$ -		
	-		-	\$ -	\$ -		
Schedule of Project Components	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15			
I. Basic Construction Costs	\$	\$	\$	\$			
a. Construction Cost	200,000						
b. Permits, Inspections, Impact Fees							
c. Communication requirements (conduits, wiring, etc.)							
d. Utilities outside building							
e. Site Development (roads, paving, etc.)	50,000				Occupancy		
f. Energy efficient equipment							
g. Art allowance (F.S., Section 255.043)							
h. Other					FY 2015-16		
	250,000	-	-	-	\$		

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2. Other Project Costs		\$	\$	\$	\$	\$
a. Land/Existing Facility Acqstn		-	-	-	-	-
b. Professional Services						
1) Planning/Programming						
2) A/E Fees		17,080				
3) On-site representatives						
4) Testing / Surveys						
5) Other professional services						
c. Miscellaneous costs		25,000				
d. Moveable equipment/furniture						
Subtotal:		42,080	-	-	-	-
3. All Costs (1 + 2)		292,080	-	-	-	-
4. DMS Fee						
Total: All Costs by Fund						
Fund Code:						
Fund Code:						
TOTAL (3 + 4)		\$ 292,080	\$ -	\$ -	\$ -	\$ -
Appropriations to-date:				Projected Costs Beyond CIP:		
GR				GR		
TF				TF		
TOTAL		\$0		TOTAL		\$0
Changes in Agency Service Costs		FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Category	Fund Code	\$	\$	\$	\$	\$
Salaries & Benefits						
Subtotal						
OPS						
Subtotal						
Expenses						
Subtotal						
Other (Specify)						
Subtotal						
Fund Totals						
TOTAL		\$ -	\$ -	\$ -	\$ -	\$ -