

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

<b>Agency:</b>	Department of Health					
<b>Service:</b>	N/A					
<b>Square Feet Managed</b>	<b>FY 2010-11</b>	<b>FY 2011-12</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>
<p><i>(NOTE: For FY 2010-2011 , 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 2009-10):</b>						
<b>Preventive Maintenance</b>						
	<b>Fund Code</b>	<b>FY 2011-12</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
<b>Fund Totals</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
<b>General Maintenance</b>						
	<b>Fund Code</b>	<b>FY 2011-12</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____

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Expenses	_____					
	_____					
	SUBTOTAL	_____				
Other	_____					
(specify)	_____					
	SUBTOTAL	_____				
<b>Fund Totals</b>	_____					
	_____					
	_____					
	TOTAL					
<b>Routine Operating Costs</b>						
	<b>Fund Code</b>	<b>FY 2011-12</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>
Salaries & Benefits	_____					
	_____					
	SUBTOTAL	_____				
OPS	_____					
	_____					
	SUBTOTAL	_____				
Expenses	_____					
	_____					
	SUBTOTAL	_____				
Other	_____					
(specify)	_____					
	SUBTOTAL	_____				
<b>Fund Totals</b>	_____					
	_____					
	_____					
	TOTAL					



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<i>Fund Totals</i>	_____					
	_____					
	_____					
	TOTAL					
<b>Routine Operating Costs</b>						
	<b>Fund Code</b>	<b>FY 2011-12</b>	<b>FY 2012-13</b>	<b>FY 2013-14</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>
Salaries & Benefits	_____					
	_____					
	SUBTOTAL					
OPS	_____					
	_____					
	SUBTOTAL					
Expenses	_____					
	_____					
	SUBTOTAL					
Other (specify)	_____					
	_____					
	SUBTOTAL					
<i>Fund Totals</i>	_____					
	_____					
	_____					
	TOTAL					