

CIP-4: Service-Level Operational Maintenance Budget

Agency:	Department of Health					
Service:	N/A					
Square Feet Managed	FY 2010-11	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
<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>						
EXISTING FACILITIES (All square feet listed above for FY 2009-10):						
Preventive Maintenance						
	Fund Code	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
General Maintenance						
	Fund Code	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____

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Expenses	_____					

SUBTOTAL	_____					
Other	_____					
(specify)	_____					

SUBTOTAL	_____					
Fund Totals	_____					

TOTAL	_____					
Routine Operating Costs						
	Fund Code	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
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 FY 2010-2011-and beyond):						
Preventive Maintenance:						
Fund Code	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	
Salaries & Benefits						
SUBTOTAL						
OPS						
SUBTOTAL						
Expenses						
SUBTOTAL						
Other (specify)						
SUBTOTAL						
Fund Totals						
SUBTOTAL						
TOTAL						
General Maintenance:						
Fund Code	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	
Salaries & Benefits						
SUBTOTAL						
OPS						
SUBTOTAL						
Expenses						
SUBTOTAL						
Other (specify)						
SUBTOTAL						

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<i>Fund Totals</i>	_____					

	TOTAL					
Routine Operating Costs						
	Fund Code	FY 2011-12	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16
Salaries & Benefits	_____					

	SUBTOTAL					
OPS	_____					

	SUBTOTAL					
Expenses	_____					

	SUBTOTAL					
Other (specify)	_____					

	SUBTOTAL					
<i>Fund Totals</i>	_____					

	TOTAL					