

DEPARTMENT OF CITRUS

CIP-5
Capital Renewal Projects

(Not Applicable)

CIP-5: Service-Level Capital Renewal Projects

Agency:	Citrus	LAS/PBS Budget Entity Code:				
Service:	Not Applicable	Appropriation Category Code:				
Project Title:		Agency Priority:				
		LRPP Narrative Page:				
To be constructed by: Contract _____ Force account _____						
Level of Aggregation:						
<input type="checkbox"/> Service <input type="checkbox"/> Institution/Campus (SUS/SBCC only): _____ <div style="text-align: right; margin-right: 100px;">NAME</div>						
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:						
BUILDING SYSTEM GROUP		CENTRAL UTILITY SYSTEM GROUP				
Annual group request? _____		Annual group request? _____				
electrical (BE) _____	envelope (BX) _____	interior (BI) _____	mechanical (BM) _____			
plumbing (BP) _____	roof (BR) _____	site (BG) _____	special (BD) _____			
structural (BS) _____						
		cogeneration (UG) _____ cooling gen./distrib. (UC) _____ electric distrib. (UD) _____ heating gen./distrib. (UH) _____ landfill (UL) _____ water treat./distrib. (UW) _____ waste treatment (US) _____				
		CODE AND LICENSURE CORRECTION GROUPS Licensure (LC) _____ Annual request? _____ Life Safety (LS) _____ Annual request? _____ Handicapped (LH) _____ Annual request? _____ Environmental (LE) _____ Annual request? _____				
SPECIAL SYSTEM GROUP		CAMPUS SYSTEM GROUP				
Annual group request? _____		Annual group request? _____				
energy conservation (SC) _____	storage tanks (BX) _____	drainage/grounds (CG) _____	road system paving (CR) _____			
		other paving (CP) _____				
<p><i>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 <u>one group's</u> general capital renewal request, it is NOT a MAJOR REPAIR and you will answer YES to "annual request" and complete Parts B and C.</i></p>						
PART B: PROJECTED FINANCE PLAN FOR FACILITY GROUP REPAIRS, AND SPECIFIED CODE AND LICENSURE CORRECTIONS:						
Group/System	Fund Code	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
		_____	_____	_____	_____	_____
TOTAL		_____	_____	_____	_____	_____

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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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17

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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17

Total: All Costs by Fund Code					
Fund Code	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
TOTAL					

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PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:						
Incremental Facility Maintenance Costs	Fund Code	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
Incremental Utility Costs						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____