



**CIP – 5
Capital
Renewal
Projects**

Florida Department of State

CIP-5: Service-Level Capital Renewal Projects

Agency:	Department of State	LAS/PBS Budget Entity Code:	45200700
Service:	The Grove/Repairs/Maint/ADA	Appropriation Category Code:	080902
Project Title:	The Grove	Agency Priority:	7
		LKPP Narrative Page:	N/A

To be constructed by: Contract X 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.) YES

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

PART A: SYSTEM IDENTIFICATION

BUILDING SYSTEM GROUP Annual group request? NO electrical (BE) <input checked="" type="checkbox"/> X envelope (BX) <input checked="" type="checkbox"/> X interior (BI) <input checked="" type="checkbox"/> X mechanical (BM) <input checked="" type="checkbox"/> X plumbing (BP) <input checked="" type="checkbox"/> X roof (BR) <input checked="" type="checkbox"/> X site (BG) <input checked="" type="checkbox"/> X special (BD) <input checked="" type="checkbox"/> X structural (BS) <input checked="" type="checkbox"/> X	CENTRAL UTILITY SYSTEM GROUP Annual group request? NO cogeneration (UG) _____ cooling gen./distrib. (UC) <input checked="" type="checkbox"/> X electric distrib. (UD) <input checked="" type="checkbox"/> X heating gen./distrib. (UH) <input checked="" type="checkbox"/> X landfill (UL) _____ water treat./distrib. (UW) _____ waste treatment (US) _____	CODE AND LICENSURE CORRECTION GROUPS Licensure (LC) _____ Annual request? _____ Life Safety (LS) <input checked="" type="checkbox"/> X Annual request? _____ Handicapped (LH) <input checked="" type="checkbox"/> X Annual request? _____ Environmental (LE) _____ Annual request? _____
SPECIAL SYSTEM GROUP Annual group request? NO energy conservation (SC) _____ storage tanks (BX) _____	CAMPUS SYSTEM GROUP Annual group request? NO drainage/grounds (CG) _____ road system paving (CR) _____ other paving (CP) <input checked="" type="checkbox"/> X	

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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
N/A						
TOTAL		_____	_____	_____	_____	_____

CIP-5: Service-Level Capital Renewal Projects

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
N/A							

PART D: SCHEDULE OF MAJOR REPAIRS AND COMPONENT FINANCING:

BUILDING / FACILITY IDENTIFICATION / DESCRIPTION
 DMS BLDG NO 600 ADDRESS / LOCATION 100 First Ave, Tallahassee, Florida COUNTY _____ Leon
 LRPP NARRATIVE PAGE ON WHICH PROJECT IS DESCRIBED N/A

Schedule of Project Components (Component/Fund Code)	Estimated Expenditures				
	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Construction Costs	\$ 3,029,619	_____	_____	_____	_____
Fees and Permit Costs/Inspections	\$ 351,441	_____	_____	_____	_____
Other Costs	\$ 212,073	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Total: All Costs by Fund Code						
	Fund Code	FY 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
	1000	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	\$ 3,593,133	_____	_____	_____	_____

CIP-5: Service-Level Capital Renewal Projects

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		N/A				
	SUBTOTAL					
OPS		N/A				
	SUBTOTAL					
Expenses		N/A				
	SUBTOTAL	N/A				
Other (specify)						
	SUBTOTAL					
Fund Totals						
	TOTAL	N/A				
Incremental Utility Costs						
Other (specify)		N/A				
	TOTAL					

CIP-5: Service-Level Capital Renewal Projects

Agency:	Department of State	LAS/PBS Budget Entity Code:	45200700
Service:	Mission San Luis Roof Repairs	Appropriation Category Code:	085017
Project Title:	Roof Repairs	Agency Priority:	6
		LRPP Narrative Page:	N/A

To be constructed by: Contract X 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.) NO

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

PART A: SYSTEM IDENTIFICATION

BUILDING SYSTEM GROUP Annual group request? NO electrical (BE) _____ envelope (BX) _____ interior (BI) _____ mechanical (BM) _____ plumbing (BP) _____ roof (BR) <input checked="" type="checkbox"/> X _____ site (BG) _____ special (BD) _____ structural (BS) _____	CENTRAL UTILITY SYSTEM GROUP Annual group request? N/A 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 Annual group request? _____ energy conservation (SC) _____ storage tanks (BX) _____	CAMPUS SYSTEM GROUP Annual group request? _____ drainage/grounds (CG) _____ road system paving (CR) _____ other paving (CP) _____	

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 2012-13	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17
Council House Roof	1000	\$275,000				
TOTAL		\$275,000				

CIP-5: Service-Level Capital Renewal Projects

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
Council House Roof		Routine	\$275,000				

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
N/A					

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

CIP-5: Service-Level Capital Renewal Projects

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	N/A	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	N/A	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	N/A	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	N/A	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	N/A	_____	_____	_____	_____
Incremental Utility Costs						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	N/A	_____	_____	_____	_____