

## CIP-5: Service-Level Capital Renewal Projects

|                                                                                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                               |                   |                   |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------|-------------------------------|-------------------|-------------------|-------------------|
| <b>Agency:</b>                                                                                                                                                                                                                                                                                                                                                                                                | Department of Elder Affairs | <b>LAS/PBS Budget Entity Code:</b>          |                               |                   |                   |                   |
| <b>Service:</b>                                                                                                                                                                                                                                                                                                                                                                                               | Not Applicable              | <b>Appropriation Category Code:</b>         |                               |                   |                   |                   |
| <b>Project Title:</b>                                                                                                                                                                                                                                                                                                                                                                                         |                             | <b>Agency Priority:</b>                     |                               |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <b>LRPP Narrative Page:</b>                 |                               |                   |                   |                   |
| <b>To be constructed by:</b> Contract _____ Force account _____                                                                                                                                                                                                                                                                                                                                               |                             |                                             |                               |                   |                   |                   |
| <b>Level of Aggregation:</b>                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                             |                               |                   |                   |                   |
| <input type="checkbox"/> Service <input type="checkbox"/> Institution/Campus (SUS/SBCC only): _____<br><div style="text-align: center;">NAME</div>                                                                                                                                                                                                                                                            |                             |                                             |                               |                   |                   |                   |
| <b>Major Repair Project? (Y/N) (If <u>Yes</u>, complete Parts A, D &amp; E; if <u>No</u>, complete Parts A, B &amp; C.)</b>                                                                                                                                                                                                                                                                                   |                             |                                             |                               |                   |                   |                   |
| <b>Critical Need? (Y/N) (If <u>Yes</u>, all funding must be requested in the first two fiscal years.)</b>                                                                                                                                                                                                                                                                                                     |                             |                                             |                               |                   |                   |                   |
| <b>PART A: SYSTEM IDENTIFICATION</b>                                                                                                                                                                                                                                                                                                                                                                          |                             |                                             |                               |                   |                   |                   |
| <b>BUILDING SYSTEM GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                  |                             | <b>CENTRAL UTILITY SYSTEM GROUP</b>         |                               |                   |                   |                   |
| <b>Annual group request? _____</b>                                                                                                                                                                                                                                                                                                                                                                            |                             | <b>Annual group request? _____</b>          |                               |                   |                   |                   |
| electrical (BE) _____                                                                                                                                                                                                                                                                                                                                                                                         | envelope (BX) _____         | interior (BI) _____                         | mechanical (BM) _____         |                   |                   |                   |
| plumbing (BP) _____                                                                                                                                                                                                                                                                                                                                                                                           | roof (BR) _____             | site (BG) _____                             | special (BD) _____            |                   |                   |                   |
| structural (BS) _____                                                                                                                                                                                                                                                                                                                                                                                         |                             |                                             |                               |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <b>CODE AND LICENSURE CORRECTION GROUPS</b> |                               |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             | Licensure (LC) _____                        |                               |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <b>Annual request? _____</b>                |                               |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             | Life Safety (LS) _____                      |                               |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <b>Annual request? _____</b>                |                               |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             | Handicapped (LH) _____                      |                               |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <b>Annual request? _____</b>                |                               |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             | Environmental (LE) _____                    |                               |                   |                   |                   |
|                                                                                                                                                                                                                                                                                                                                                                                                               |                             | <b>Annual request? _____</b>                |                               |                   |                   |                   |
| <b>SPECIAL SYSTEM GROUP</b>                                                                                                                                                                                                                                                                                                                                                                                   |                             | <b>CAMPUS SYSTEM GROUP</b>                  |                               |                   |                   |                   |
| <b>Annual group request? _____</b>                                                                                                                                                                                                                                                                                                                                                                            |                             | <b>Annual group request? _____</b>          |                               |                   |                   |                   |
| 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> |                             |                                             |                               |                   |                   |                   |
| <b>PART B: PROJECTED FINANCE PLAN FOR FACILITY GROUP REPAIRS, AND SPECIFIED CODE AND LICENSURE CORRECTIONS:</b>                                                                                                                                                                                                                                                                                               |                             |                                             |                               |                   |                   |                   |
| <b>Group/System</b>                                                                                                                                                                                                                                                                                                                                                                                           | <b>Fund Code</b>            | <b>FY 2013-14</b>                           | <b>FY 2014-15</b>             | <b>FY 2015-16</b> | <b>FY 2016-17</b> | <b>FY 2017-18</b> |
| <div style="text-align: right; margin-top: 20px;"> <b>TOTAL</b>      _____<br/>             _____<br/>             _____<br/>             _____<br/>             _____           </div>                                                                                                                                                                                                                       |                             |                                             |                               |                   |                   |                   |

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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 2013-14 | FY 2014-15 | FY 2015-16 | FY 2016-17 | FY 2017-18 |
|---------------------|------------|------------------|------------|------------|------------|------------|------------|
|                     |            |                  |            |            |            |            |            |

**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<br>(Component/Fund Code) | Estimated Expenditures |            |            |            |            |
|---------------------------------------------------------|------------------------|------------|------------|------------|------------|
|                                                         | FY 2013-14             | FY 2014-15 | FY 2015-16 | FY 2016-17 | FY 2017-18 |
|                                                         |                        |            |            |            |            |
|                                                         |                        |            |            |            |            |
|                                                         |                        |            |            |            |            |
|                                                         |                        |            |            |            |            |
|                                                         |                        |            |            |            |            |
|                                                         |                        |            |            |            |            |
|                                                         |                        |            |            |            |            |
|                                                         |                        |            |            |            |            |

| Total: All Costs by Fund Code |            |            |            |            |            |  |
|-------------------------------|------------|------------|------------|------------|------------|--|
| Fund Code                     | FY 2013-14 | FY 2014-15 | FY 2015-16 | FY 2016-17 | FY 2017-18 |  |
|                               |            |            |            |            |            |  |
|                               |            |            |            |            |            |  |
|                               |            |            |            |            |            |  |
| <b>TOTAL</b>                  |            |            |            |            |            |  |

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| <b>PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:</b> |                      |            |            |            |            |            |
|------------------------------------------------------------------|----------------------|------------|------------|------------|------------|------------|
| <b>Incremental Facility<br/>Maintenance Costs</b>                | <b>Fund<br/>Code</b> | FY 2013-14 | FY 2014-15 | FY 2015-16 | FY 2016-17 | FY 2017-18 |
| Salaries & Benefits                                              | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | <b>SUBTOTAL</b>      | _____      | _____      | _____      | _____      | _____      |
| OPS                                                              | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | <b>SUBTOTAL</b>      | _____      | _____      | _____      | _____      | _____      |
| Expenses                                                         | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | <b>SUBTOTAL</b>      | _____      | _____      | _____      | _____      | _____      |
| Other (specify)                                                  | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | <b>SUBTOTAL</b>      | _____      | _____      | _____      | _____      | _____      |
| <b>Fund Totals</b>                                               | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | <b>TOTAL</b>         | _____      | _____      | _____      | _____      | _____      |
| <b>Incremental<br/>Utility Costs</b>                             |                      |            |            |            |            |            |
| Other (specify)                                                  | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | _____                | _____      | _____      | _____      | _____      | _____      |
|                                                                  | <b>TOTAL</b>         | _____      | _____      | _____      | _____      | _____      |