

CIP-5: Service-Level Capital Renewal Projects

Agency:	Dept of Env Protection	LAS/PBS Budget Entity Code:	37500300
Service:	State Park Operations	Appropriation Category Code:	088130
Project Title:	Remove Access Barriers	Agency Priority:	9
		LRPP Narrative Page:	

To be constructed by: Contract: Yes Force account: No, multi phase projects

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)

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

PART A: SYSTEM IDENTIFICATION

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

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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
		\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000
TOTAL		\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000

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
			\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000

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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000

Total: All Costs by Fund Code		FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
<u>Fund Code</u>						
2423		\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
2131		\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000	\$3,000,000
TOTAL		\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000	\$4,000,000

PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:

Incremental Facility Maintenance Costs	Fund Code	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
Salaries & Benefits						

	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
<i>Fund Totals</i>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	N/A	N/A	N/A	N/A	N/A
<hr style="border-top: 1px dashed black;"/>						
Incremental Utility Costs						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	N/A	N/A	N/A	N/A	N/A

CIP-5: Service-Level Capital Renewal Projects

Agency:	Dept of Env Protection	LAS/PBS Budget Entity Code:	37500300
Service:	State Park Operations	Appropriation Category Code:	080039
Project Title:	State Park Facility Improvements	Agency Priority:	8
		LRPP Narrative Page:	

To be constructed by: Contract: Yes Force account: No, multi phase projects

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)

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) x
envelope (BX) _____
interior (BI) _____
mechanical (BM) x
plumbing (BP) x
roof (BR) x
site (BG) x
special (BD) x
structural (BS) x

CENTRAL UTILITY SYSTEM GROUP

Annual group request? _____

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 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
		\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
TOTAL		\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000

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 2016-1	FY 2017-18
			\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000

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) 1401000000	Estimated Expenditures				
	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000

Total: All Costs by Fund Code	Fund Code	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18
	2131	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000
	TOTAL	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000	\$10,000,000

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	N/A	N/A	N/A	N/A	N/A

Incremental Utility Costs						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	N/A	N/A	N/A	N/A	N/A