

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

<b>Agency:</b>	Department of Business and Professional Regulation	<b>LAS/PBS Budget Entity Code:</b>	
<b>Service:</b>	N/A	<b>Appropriation Category Code:</b>	
<b>Project Title:</b>	N/A	<b>Agency Priority:</b>	
		<b>LRPP Narrative Page:</b>	

**To be constructed by:** Contract \_\_\_\_\_ 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.)**

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

**PART A: SYSTEM IDENTIFICATION**

<b>BUILDING SYSTEM GROUP</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>CENTRAL UTILITY SYSTEM GROUP</b> <b>Annual group request?</b> _____ cogeneration (UG) _____ cooling gen./distrib. (UC) _____ electric distrib. (UD) _____ heating gen./distrib. (UH) _____ landfill (UL) _____ water treat./distrib. (UW) _____ waste treatment (US) _____	<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>Annual group request?</b> _____ energy conservation (SC) _____ storage tanks (BX) _____	<b>CAMPUS SYSTEM GROUP</b> <b>Annual group request?</b> _____ 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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
<b>TOTAL</b>						

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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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19

**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 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19

<b>Total: All Costs by Fund Code</b>					
Fund Code	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
<b>TOTAL</b>					

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<b>PART E: COST EFFICIENCIES ANTICIPATED FROM MAJOR REPAIRS:</b>						
<b>Incremental Facility Maintenance Costs</b>	<b>Fund Code</b>	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
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 Utility Costs</b>						
Other (specify)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	<b>TOTAL</b>	_____	_____	_____	_____	_____