

### CIP-4: Service-Level Operational Maintenance Budget

<b>Agency:</b>	Department of Health					
<b>Service:</b>	N/A					
<b>Square Feet Managed</b>	_____					
<p><i>(NOTE: For FY 2014-15, enter the total square feet for facilities managed by your agency as indicated in the most recent Facilities Inventory of the Department of Management Services. In each subsequent year, add to this total all new square feet requested by that time.)</i></p>						
<b>EXISTING FACILITIES (All square feet listed above for FY 2011-12):</b>						
<b>Preventive Maintenance</b>						
	<b>Fund Code</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				
Expenses	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				
Other (specify)	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				
<b>Fund Totals</b>	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____				
<b>General Maintenance</b>						
	<b>Fund Code</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____				

At the facilities' central office level the department does not track net service cost data by facility. Much of these service costs are already included in the department's operational expenditures since most cases involve existing staff who will occupy the new facilities. Net increase or decrease in service costs for each project is done locally and submitted in the operational budget. With data not readily available, the potential for over estimating net service costs is great and could result in the double counting of the department's estimated expenditures.

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Expenses	_____					
	_____					
	SUBTOTAL	_____				
Other (specify)	_____					
	_____					
	SUBTOTAL	_____				
<b>Fund Totals</b>	_____					
	_____					
	_____					
	TOTAL					
<b>Routine Operating Costs</b>						
	<b>Fund Code</b>	<b>FY 2014-15</b>	<b>FY 2015-16</b>	<b>FY 2016-17</b>	<b>FY 2017-18</b>	<b>FY 2018-19</b>
Salaries & Benefits	_____					
	_____					
	SUBTOTAL	_____				
OPS	_____					
	_____					
	SUBTOTAL	_____				
Expenses	_____					
	_____					
	SUBTOTAL	_____				
Other (specify)	_____					
	_____					
	SUBTOTAL	_____				
<b>Fund Totals</b>	_____					
	_____					
	_____					
	TOTAL					



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TOTAL					
Routine Operating Costs					
Fund Code	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Salaries & Benefits	_____				
	_____				
SUBTOTAL	_____				
OPS	_____				
	_____				
SUBTOTAL	_____				
Expenses	_____				
	_____				
SUBTOTAL	_____				
Other (specify)	_____				
	_____				
SUBTOTAL	_____				
<b>Fund Totals</b>	_____				
	_____				
	_____				
TOTAL					