

CIP-4: Service-Level Operational Maintenance Budget

Agency:	Department of Legal Affairs					
Service:	Not Applicable					
Square Feet Managed	FY 2013-14	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
<i>(NOTE: For FY 2013-14, 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>						
EXISTING FACILITIES (All square feet listed above for FY 2013-14):						
Preventive Maintenance:						
	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	_____	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____	_____
General Maintenance:						
	Fund Code	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Salaries & Benefits	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____
OPS	_____	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____	_____

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OPS	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____
Expenses	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	SUBTOTAL	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____
General Maintenance					
	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	_____	_____	_____	_____
Fund Totals	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	TOTAL	_____	_____	_____	_____

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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					
Fund Totals					
TOTAL					